



Raymond Gordon Memorial Scholarship

Part I – Applicant Information

Last Name _____ **First Name** _____ **Middle Initial** _____

Address _____

City _____ **State** _____ **Zip** _____

County _____

Social Security Number _____ - _____ - _____ **Birthdate** _____

Phone () _____ **Cell** () _____

Email _____

Part II – Permanency Information

- Adoptive Family Group Home Foster Family Independent Living
 Kinship Permanent Legal Guardianship Other (specify) _____

Part III – Educational Information

Name of School _____

Address _____

City _____ **State** _____ **Zip** _____

Phone () _____ **Fax** () _____

Counselor/Advisor _____ **Current GPA** _____

Do you participate in (check all that apply):

- Scholar’s classes Honor’s classes Dual Enrollment International Baccalaureate

Extra Curricular Activities

Awards/Recognitions

Name of institution you plan to attend for the 2023-2024 academic year. (Use official name)

_____ City _____ State _____

Type of School

4 yr. college/university 2 yr. community/junior college Vocational/Trade School

Student will be enrolled Full-time Part-time

Has application been made to school? Yes No Accepted? Yes No

Intended Major _____

Career Goals _____

Essay

On a separate sheet of paper, briefly write about the impact your family has had on your life and how you will use your experience in the child welfare system to make a positive impact on the lives of others. **(500 words or less)**

Certification

I acknowledge that the application for scholarship does not guarantee award and that the decision of the TRAC Services for Families Scholarship Review Team shall be final. I also certify that the information provided is true and complete to the best of my knowledge. Falsification of information or failure to maintain the stated GPA (2.0) may result in future ineligibility for scholarship funds.

Applicant Signature _____ Date _____

Parent/Guardian/Caseworker Signature _____ Date _____

Mail completed application to:

**TRAC Services for Families
Scholarship Review Committee
Gateway View Plaza
1600 West Carson St
Pittsburgh, PA 15219**

Raymond Gordon Memorial Scholarship

Reference Form

Applicant Name _____

The above named student is applying for the Raymond Gordon Memorial Scholarship to assist in defraying the cost of pursuing higher education. You are being asked to assist the applicant in the scholarship process by submitting a reference on their behalf.

- 1 How long have you known the applicant? _____
- 2 In what capacity? _____
- 3 Are you aware of the applicant's desire to further his/her education beyond high school?
 Yes No
- 4 Briefly describe the applicant _____

- 5 What characteristics does the applicant possess that will make him/her successful in their future endeavors _____

- 6 Any additional information? _____

Signature _____ **Date** _____

Printed Name _____

Please mail completed form to:

**TRAC Services for Families
Scholarship Review Committee
Gateway View Plaza
1600 West Carson St
Pittsburgh, PA 15219**

All information must be postmarked by May 24, 2023

Raymond Gordon Memorial Scholarship

Reference Form

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Yes No

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Printed Name _____

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