



Gray Gables Association College Scholarship Application

Student Name: _____

Parent/Guardian Name: _____

Summer Address: _____

Winter Address: _____

Phone Number: _____

Email Address: _____

Name and Address of High School: _____

Graduation Date: _____

College Attending: _____

*Must be a child of a GGA Member

*Must have a GGA Family Membership for 3 consecutive years

*Must Submit first semester's grades from college before receiving payment

*Application must be received prior to June 30th of graduating year

*Scholarship amount is determined by the GGA Board each year depending on the number of recipients and the balance in the Scholarship Account: the 2020-2021 amount is \$800

* Application can be emailed to graygables02532@gmail.com or mailed to GGA PO Box 3099, Bourne, MA 02532