

Georgia Jewelers Association
John W. Reed Memorial Scholarship Application
2017

Member Store Information

Member Store Name _____ City _____

Store Owner _____ Store Phone _____

Personal Information

Applicant Full Name _____ Birth date ____/____/____

Home Address Street _____ City _____ Zip _____

Personal Phone _____ Personal e mail _____

Applicant's Signature _____ Date _____

GJA Member Signature _____ Date _____

-----Please give this application & your letter to your employer for submission-----

PLEASE NOTE****

THIS IS THE ONLY PAGE THAT SHOULD HAVE ANY WAY TO IDENTIFY YOU, YOUR STORE OR YOUR CITY. THE COMMITTEE WILL USE A "BLIND" PROCESS TO SELECT SCHOLARSHIP WINNERS.

| | | |
|------------------------------------|------------------------|-----------------------|
| Date received by GJA office: _____ | Blind Code _____ | |
| Completed Application _____ | Applicant Letter _____ | Employer letter _____ |

PLEASE DO NOT PUT YOUR STORE NAME, YOUR EMPLOYERS' NAME, YOUR CITY OR ANYTHING ELSE THAT WOULD IDENTIFY WHO YOU ARE AND WHERE YOU WORK ANYWHERE EXCEPT THE FIRST PAGE WHERE REQUESTED.

APPLICATIONS WILL BE REVIEWED "BLINDLY" BY THE GJA 2017 SCHOLARSHIP COMMITTEE.

Personal Information

High School Year Completed _____ College Year(s) Completed _____ Degree _____

Marital Status _____

Number of Dependents _____

Military Service _____

Years _____

Discharge _____

Are you **currently enrolled in** any GIA, AGS or other jewelry related courses at this time? _____

GIA ____ AGS ____ Other (please name) _____

What GIA, AGS or other jewelry related courses **have you completed**?

Work Experience

Length of time with current employer (GJA member store) _____ Full

Time _____ Part Time _____

List your current duties and responsibilities and any experience that may be related.

Which GIA or AGS courses would you like to take with this scholarship?

Reason you are applying for this scholarship?

A letter from the applicant must accompany this application. The letter should state why you want this scholarship, what goals you have set for yourself, how you would benefit and how it would benefit the GJA member store and our industry. ***** IN THE LETTER FROM THE APPLICANT, DO NOT GIVE YOUR NAME, STORE NAME, CITY OR ANY OTHER SPECIFIC INFORMATION THAT WOULD IDENTIFY YOU OR YOUR EMPLOYER.

| | | |
|----------------------|-----------------|--------------|
| Date Reviewed: _____ | Decision: _____ | Signed _____ |
|----------------------|-----------------|--------------|