

Georgia Jewelers Association
John W. Reed Memorial Scholarship
Bill Rosenfeld Memorial Scholarship
Application 2024

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 _____

MAIL APPLICATION TO: MRS. IVY DOSS, GEORGIA JEWELERS ASSOCIATION,
P. O. BOX 2124 DULUTH, GEORGIA 30096
IVYDOSS@GEORGIAJEWELERS.ORG 770-826-1462

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 ANY WHERE EXCEPT THE FIRST PAGE WHERE REQUESTED.

APPLICATIONS WILL BE REVIEWED "BLINDLY" BY THE GJA 2024 SCHOLARSHIP COMMITTEE.

Personal Information

High School Grade level 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 bench jewelers accredited 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 _____

Empty rectangular box for signature and date.