

# Georgia Hunting and Fishing Federation Scholarship Fund

## Application Form

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Current member: (Check one)

Father  Mother  Grandparent  Student

Name \_\_\_\_\_

Membership Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of college, university, or vocational school where you plan to use the scholarship \_\_\_\_\_

Have you been accepted yet?  Yes  No

In what field do you intend to major? \_\_\_\_\_