



2025 BURGESS FOUNDATION SCHOLARSHIP APPLICATION

NAME:		BIRTHDATE:	AGE:
ADDRESS:		CITY:	STATE:
ZIP CODE:			
HOME #:	CELL #:	EMAIL ADDRESS:	
CURRENT SCHOOL NAME:		ADDRESS:	
SCHOOL TELE #:		CITY:	STATE:
CURRICULUM (AREA OF INTEREST):		AREA OF INTEREST:	
IF HIGHER EDUCATION INSTITUTION, SEMESTERS COMPLETED?		COUNSELOR'S CONTACT #:	
		IF APPLICABLE, YEAR OF HIGH SCHOOL GRADUATION:	
PERSONAL DEVELOPMENT			
CHURCH NAME CURRENT AFFILIATION:		CITY:	
CHURCH CONTACT #:		STATE:	
BRIEFLY TALK ABOUT YOUR RELATIONSHIP WITH GOD:			



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IN WHAT AREA WOULD YOU LIKE TO GROW SPIRITUALLY?

SHARE IN A BRIEF NARRATIVE WHAT EXPERIENCES YOU HAVE HAD THAT WOULD BE BENEFICIAL TO YOUR FUTURE GOALS:

GOALS

SHARE WITH US THE GOALS YOU HAVE FOR YOUR EDUCATION, CAREER, PERSONAL LIFE, RELATIONSHIPS AND WELLBEING:

HOW CAN A GACCS FOUNDATION SCHOLARSHIP AWARD HELP YOU REACH YOUR IMMEDIATE GOALS?



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**IN THE SECTION BELOW PROVIDE AN ESSAY FOCUSING ON THE FOLLOWING AREAS
(SEPARATE SHEET IS ACCEPTABLE - BE SURE TO INCLUDE YOUR NAME/CONTACT #):**

- 1. DESCRIBE YOUR EMOTIONAL AND ACADEMIC GROWTH OVER TIME DURING YOUR ELEMENTARY, MIDDLE AND HIGH SCHOOL EXPERIENCES.**
- 2. WHAT EXPERIENCES AND WHAT PEOPLE HAVE HAD THE MOST POSITIVE INFLUENCE ON YOU DURING YOUR HIGH SCHOOL YEARS?**
- 3. HOW HAS GOD PLAYED A PART IN YOUR LIFE DURING YOUR HIGH SCHOOL YEARS?**
- 4. TELL YOUR STORY ABOUT YOUR CURRENT LIFE GOALS AND HOW THEY CAME TO BE DETERMINED AS YOUR GOALS.**
- 5. WHY DO YOU BELIEVE YOU CAN SUCCEED IN THIS AREA? WHO DO YOU KNOW THAT HAS BEEN SUCCESSFUL IN THIS AREA?**
- 6. TALK ABOUT HOW YOU HAVE MANAGED THE CHALLENGES IN YOUR LIFE.**
- 7. WHY DO YOU BELIEVE YOU ARE THE BEST CANDIDATE TO RECEIVE THIS AWARD?**

ESSAY SECTION



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APPLICATION FINAL STATEMENT & SIGNATURE PAGE

I ATTEST THAT I HAVE COMPLETED THIS APPLICATION HONESTLY AND AM WILLING FOR THE GACCS BURGESS FOUNDATION TO CONDUCT A VIDEO CONFERENCE INTERVIEW REGARDING MY APPLICATION, IF REQUESTED.

IF SELECTED FOR A SCHOLARSHIP, I UNDERSTAND THAT I MUST SHOW PROOF OF ACCEPTANCE TO AN EDUCATIONAL PROGRAM AND THE CHECK WILL BE MADE OUT TO THE EDUCATIONAL INSTITUTION.

THE BEST WAY TO CONTACT ME IS THE TELEPHONE NUMBER AND EMAIL LISTED BELOW.

TELEPHONE #:	
EMAIL ADDRESS:	

I FURTHER UNDERSTAND THAT THE DUE DATE FOR THIS COMPLETED APPLICATION, INCLUDING THE ESSAY SECTION IS: JUNE 20, 2025 BY 11:59 PM.

I AM AWARE THAT MY APPLICATION SHOULD BE SUBMITTED TO: GACCSERVICES@GMAIL.COM . FOR ADDITIONAL INFORMATION I CAN EMAIL GACCS, CHECK THE WWW.GACCS.ORG WEBSITE, OR CALL BEA SMITH AT 313 247-8315.

NAME:
SIGNATURE:
DATE: