

# GIRLS SERVICE LEAGUE, INC.

4528 W. VICKERY BLVD., SUITE 104, FORT WORTH, TEXAS 76107

## INSTRUCTIONS FOR COMPLETING THIS FORM

ENCLOSED IS THE CONTINUING SCHOLARSHIP UPDATE.

***IT IS IMPERATIVE YOU FOLLOW EACH ITEM AS LISTED.***

**THE DEADLINE FOR RETURN OF THIS APPLICATION IS January 5, 2022.**

- ALL INFORMATION must be updated with new contact information (name, address, cell and home phone, e-mail address and student ID.)
- IF YOU PLAN TO CHANGE SCHOOLS you must include a letter advising your plans to transfer schools in the spring. **This is your responsibility.** If we are not notified, your scholarship money will be sent to the college or university you attended in the fall.
- YOUR OFFICIAL TRANSCRIPT for fall/ spring must be sent directly from your school. You are reminded your grades for fall / spring must be sent **each semester** to the GSL office.
- YOU MUST take a minimum of 12 hours each semester and have a GPA of 3.0 to continue to qualify for the scholarship. THIS ALSO INCLUDES dropping classes after you have registered.

**IF THE CONTINUING EDUCATION UPDATE IS NOT RECEIVED BY JANUARY 5, 2022, YOUR SCHOLARSHIP WILL BE PLACED ON HOLD AND YOU MAY JEOPARDIZE YOUR SCHOLARSHIP.**

Please have your school mail or email your official transcript to:

GIRLS' SERVICE LEAGUE  
GSL SCHOLARSHIP PROGRAM  
4528 W. VICKERY BLVD., SUITE 104  
FORT WORTH, TEXAS 76107

[girlsserviceleague@att.net](mailto:girlsserviceleague@att.net)

**ANY QUESTIONS, PLEASE CALL OFFICE AT 817-738-9092**



# Girls Service League, Inc.

## CONTINUING SCHOLARSHIP UPDATE

Date E-mailed to Applicant: November 18, 2021

**Applicant must be a U.S. citizen and have resided in Tarrant, Johnson or Parker County, Texas at least one(1) year prior to filing application for a scholarship and be attending or applying for acceptance to an accredited institution in Texas.**

**DEADLINE January 5, 2022**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Current Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Permanent Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Student ID #: \_\_\_\_\_

### EDUCATION

Name of institution you are attending: \_\_\_\_\_

Date of Entrance: \_\_\_\_\_ Date to receive degree: \_\_\_\_\_

Current Classification: \_\_\_\_\_ Major: \_\_\_\_\_

Name of Institution you plan to attend next semester: \_\_\_\_\_

Please initial here to show that you have read and understand the requirements below.

- CONTINUING SCHOLARS MUST HAVE BEEN ACCEPTED BY CHOSEN SCHOOL BEFORE SCHOLARSHIP MAY BE DRAWN.
- WE MUST RECEIVE YOUR OFFICIAL TRANSCRIPT AT THE END OF EACH SEMESTER. IF NOT RECEIVED YOU MAY LOSE YOUR SCHOLARSHIP FUNDS. PLEASE MAIL / EMAIL THIS COMPLETED CONTINUING SCHOLARSHIP UPDATE TO THE ADDRESS LISTED ON PAGE ONE.
- CONTINUING SCHOLARS MUST UPDATE INFORMATION EACH SEMESTER..

**CONTINUING SCHOLAR STATEMENT**

I hereby acknowledge the information on this application is true and correct. I understand any recommendations or awards of aid are applicable only if I am officially accepted and registered for a minimum course load of twelve (12) hours.

In order to remain eligible for this scholarship, I understand I must maintain at 3.0 GPA. TRANSCRIPTS MUST BE FORWARDED TO THE GIRLS SERVICE LEAGUE, INC. before a continuing scholarship may be made. Failure to comply will result in cancellation of this scholarship.

I, \_\_\_\_\_ assume the responsibility for submitting this information to the Girls' Service League, Inc. by the deadline indicated on page 2 to allow the appropriate time to process my application.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature (signature required)                      Date

**SCHOLARSHIP APPROVAL**

Girls Service League, Inc. **This section for official use only.**

Date received from applicant/school:      Update \_\_\_/\_\_\_/\_\_\_      Official Transcript \_\_\_/\_\_\_/\_\_\_

Information completed by: \_\_\_\_\_

Amount of scholarship: \$ \_\_\_\_\_

Date approved: \_\_\_/\_\_\_/\_\_\_

Reviewer's comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_