



Gamma Xi Boulé Foundation, Inc.

www.gammaxifoundation.org

[Email: gammaxifoundation@gmail.com](mailto:gammaxifoundation@gmail.com)

Matthew Carter Scholarship Application

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent / Guardian Name: _____

High School Attending: _____

College Planning to Attend: _____

Anticipated Major: _____ (See Scholarship Criteria)

Evidence of Scholarship, Leadership and Community Service Achievements

(Use a Separate Sheet for this Section)

Applicant Signature: _____

Parent / Guardian Signature: _____

Guidance Counselor Signature: _____

Date: _____

Return application with supporting documents to:

Gamma Xi Boulé Foundation, Inc

P.O. Box 20117, Bradenton, FL. 34204

COMPLETED APPLICATIONS MUST BE RECEIVED BY April 5, 2019.