The Alice & Murray Giddings Foundation, Inc.

CANDIDATE PROFILE

Completed application with all supporting documentation is to be submitted to your Guidance Counselor by the school deadline.

Please print or type. Materials provided will not be returned. Any questions or inquiries should be addressed to your school guidance department.

NAME: _____

HOME ADDRESS: _____

PARENT NAME(S): _____

TELEPHONE NO: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HIGH SCHOOL: _____

EXPECTED DATE OF GRADUATION: _____CLASS RANK: _____

POST GRADUATE PLAN:
Please identify your program of study and the specific school(s) where you have applied or school where you will enroll in the Fall semester.