

THE GILES M. GILLEY SCHOLARSHIP

Given by
IRD ASSOCIATION INC

APPLICATION INFORMATION (PRINT/TYPE CLEARLY)

NAME:	First	Middle	Last	Date of Birth (MM/DD/YYYY)		
Address:	Number	Street		City	State	Zip Code
Telephone:	Work	Home	Cell (not required)	REQUIRED Email Address		

IRD ASSOCIATION INC.

Member Name	Place of Employment	Occupation
IRD Membership Status	Active <input type="checkbox"/> Associate <input type="checkbox"/> Operations <input type="checkbox"/> Exempt <input type="checkbox"/>	

List extracurricular school activities and offices held, community service participation, association affiliations, social groups and hobbies.

Write a short essay on your need for this scholarship. Also mention any other scholarship funding you have already received.

High School or College Transcript must be included with this application.

Deadline: August 31st each year.

**WITHOUT EMAIL CONFIRMATION NO APPLICATION IS VALID
PLEASE CONTACT EXECUTIVE SECRETARY BEFORE DEADLINE
PLEASE REVIEW APPLICATION TERMS & CONDITIONS
ON WWW.IRD.NET SCHOLARSHIP TAB**

Signature: _____ Date: _____