

# Application - Chuck Goodrum Grant

For students in graduate programs in Georgia which may lead to employment as a college counselor.

## Sponsored by the Georgia College Counseling Association

Please print legibly or type.

### PERSONAL INFORMATION

Name of applicant: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

or student ID number and college \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

If applicable, name of spouse or partner: \_\_\_\_\_

Ages of children: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

*Please submit before October 1, 2009*

For office use only

Assigned identifier: \_\_\_\_\_

**PART I: ACADEMIC HISTORY**

High School: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Undergraduate college: \_\_\_\_\_

Year graduated: \_\_\_\_\_

Undergraduate academic honors & awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

University currently enrolled in: \_\_\_\_\_

Program currently enrolled in (eg. Social Work, Counseling, Psychology, etc.):

\_\_\_\_\_

Graduate school status: \_\_\_\_ Full time program \_\_\_\_ Part time program

Current GPA: \_\_\_\_\_

Date entered graduate program: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Current extracurricular and/or volunteer activities, academic honors and awards:

\_\_\_\_\_

\_\_\_\_\_

**PART II: EMPLOYMENT HISTORY**

Current employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_

Number of hours work per week: \_\_\_\_\_

Past three years employment:

Employer: \_\_\_\_\_ Full time \_\_\_\_ Part time

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_  Full time  Part time

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_  Full time  Part time

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

**PART III: FINANCIAL**

Total Annual Income: \$ \_\_\_\_\_

Supplemental Income: report all income received from grants, scholarships, loans, etc.

\$ \_\_\_\_\_ from \_\_\_\_\_

\$ \_\_\_\_\_ from \_\_\_\_\_

\$ \_\_\_\_\_ from \_\_\_\_\_

**PART IV: PERSONAL COMMENTS**

Please share any additional information that you would like the selection committee to consider.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART V: AUTOBIOGRAPHICAL STATEMENT**

Please attach an autobiographical statement, not to exceed three pages, typed and double spaced, with this application. Application must be received by October 1, 2009.

**Return completed application to:**

Pat Mooney LCSW  
Counseling and Student Support Services  
Savannah College of Art and Design  
York Hall, 115 E. York St., Savannah, GA 31401  
Mail to: P.O. Box 3146, Savannah, GA 31402-3146  
Voice: 912 525 6971, Fax: 912 525 6974  
Email: [pmooney@scad.edu](mailto:pmooney@scad.edu)