



## Georgia Jewelers Association

### John W. Reed Memorial Scholarship Bill Rosenfeld Memorial Scholarship

#### Application 2026

#### Member Store Information

Member Store Name \_\_\_\_\_ City \_\_\_\_\_

Store Owner \_\_\_\_\_ Store Phone \_\_\_\_\_

#### Personal Information

Applicant's Full Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Home Address:

Street \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Personal Phone \_\_\_\_\_

Personal email \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

GJA Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**----Please give this application & your letter to your employer for submission---**

**PLEASE NOTE\*\*\*\***

**THIS IS THE ONLY PAGE THAT SHOULD HAVE ANY WAY TO IDENTIFY YOU, YOUR STORE OR YOUR CITY. THE COMMITTEE WILL USE A "BLIND" PROCESS TO SELECT SCHOLARSHIP WINNERS.**

Date received by GJA office: \_\_\_\_\_ Blind Code \_\_\_\_\_

Completed Application \_\_\_\_\_ Applicant Letter \_\_\_\_\_ Employer letter \_\_\_\_\_

Mail Application to:  
John W. Reed Memorial Scholarship Bill  
Rosenfeld Memorial Scholarship  
Attn: Whitney Lince, Executive Director  
6175 Hickory Flat Hwy Suite 110  
Canton, GA 30115

PLEASE DO NOT PUT YOUR STORE NAME, YOUR EMPLOYERS' NAME, YOUR CITY OR ANYTHING ELSE THAT WOULD IDENTIFY WHO YOU ARE AND WHERE YOU WORK ANY WHERE EXCEPT THE FIRST PAGE WHERE REQUESTED. APPLICATIONS WILL BE REVIEWED "BLINDLY" BY THE GJA 2024 SCHOLARSHIP COMMITTEE.

### Personal Information

High School Grade Level Completed \_\_\_\_\_ College Year(s) Completed \_\_\_\_\_  
Degree \_\_\_\_\_  
Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_  
Military Service \_\_\_\_\_ Years \_\_\_\_\_ Discharge \_\_\_\_\_

Are you **currently enrolled** in any GIA, AGS or other jewelry related courses at this time? \_\_\_\_\_

GIA \_\_\_\_\_ AGS \_\_\_\_\_ Other (please name) \_\_\_\_\_

What GIA, AGS or other bench jewelers accredited courses **have you completed**?

### Work Experience

Length of time with current employer (GJA member store) \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

List your current duties and responsibilities and any experience that may be related.

Which courses would you like to take with this scholarship?

Reason you are applying for this scholarship.

A letter from the applicant must accompany this application. The letter should state why you want this scholarship, what goals you have set for yourself, how you would benefit and how it would benefit the GJA member store and the industry. \*\*\*\*\* **IN THE LETTER FROM THE APPLICANT, DO NOT GIVE YOUR NAME, STORE NAME, CITY OR ANY OTHER SPECIFIC INFORMATION THAT WOULD IDENTIFY YOU OR YOUR EMPLOYER.**

|                                                      |
|------------------------------------------------------|
| Date Reviewed: _____ Decision: _____<br>Signed _____ |
|------------------------------------------------------|

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