



# Community Scholarship Application

## Personal Information (Please type or print)

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Current Address (include Post Office Box if applicable)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Day Telephone Evening Telephone

\_\_\_\_\_  
Birthdate High School Currently Enrolled In or Graduated From

\_\_\_\_\_  
Legal Guardian Name(s)

## Education Information

What is your graduation date? \_\_\_\_\_

What is your cumulative grade point average? \_\_\_\_\_

Are you dual-enrolled or taking advanced placement courses? \_\_\_\_\_

What course of study is being pursued? \_\_\_\_\_

What is your professional goal? \_\_\_\_\_

What school will you attend this fall? \_\_\_\_\_

Will you be a full time student (12 or more credit hours)? \_\_\_\_\_

## Extra Curricular Activities

Please provide a detailed description, including time commitment, of the extra curricular activities you are currently involved in. (Limit to one, double-spaced typed page)

## Community Volunteer Programs/Projects

Please provide a detailed description, including time commitment, of community volunteer programs you are currently involved in. (Limit to one, double-spaced typed page)

See Reverse Side

## Essay

Please provide a typed essay about why you deserve a scholarship and explain what experiences have influenced your decision to pursue a career in your course of study. (Essay not to exceed two, double-spaced typed pages)

**Application Deadline:** April 14, 2010

Please be sure to include all supporting documentation, including most current transcript.

For more information, please call the Foundation Office at 362-0113.

## Important Information

All applicants will receive notification of awards no later than the end of May.

**I UNDERSTAND THAT SUBMISSION OF THIS APPLICATION AUTHORIZES THE SCHOLARSHIP COMMITTEE TO OBTAIN VERIFICATION OF AUTHENTICITY OF THE TRANSCRIPTS I HAVE PROVIDED. I HEREBY AUTHORIZE RELEASE OF ALL THE FOREGOING SCHOLARSHIP INFORMATION AND/OR MATERIALS. I ALSO GIVE PERMISSION TO RELEASE MY NAME TO THE SPONSORS, NEWSPAPERS AND OTHER MEDIA SPONSORS FOR PUBLICITY.**

\_\_\_\_\_  
Application Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date