

THE COMMUNITY FOUNDATION
of Shelby County

2010 Scholarship Application Cover Pages
(To be submitted with your application)

Applicant Name: (print) _____

To apply, please complete the following tasks:

1. Please place a checkmark in front of the scholarships listed below for which you are eligible and are requesting consideration. If no checkmark is made, you will not be considered for that particular scholarship.
2. Complete the scholarship application and return it with these cover pages and the attachments listed on page 3 of the application (certain scholarships require additional items, please review below).
3. Add your name and appropriate return dates on the Recommendation Form and give copies of the form to people from whom you would like a recommendation (teachers, employers, coaches, club advisors, school administrators, clergy, etc.).

_____ **McColloch-Baker Insurance Agency Scholarship**

Application deadline: **March 20, 2009**

- ◆ High school seniors who attend Piqua High School or the Upper Valley JVS and wish to pursue an Associate's or Bachelor's degree.
- ◆ Selection based upon: Financial need, academic ability, community and school service, and recommendations
- ◆ Awards: One \$1,000 scholarship for a Piqua High School senior and one \$1,000 scholarship for an Upper Valley JVS senior.

Applicant: Please fill out your name and the box at the bottom.

The Community Foundation of Shelby County

SCHOLARSHIP RECOMMENDATION FORM

Applicant name: _____

The above is applying for scholarships from funds administered by The Community Foundation of Shelby County. Please complete this form or write a letter on your letterhead answering the questions below and return it by the date listed at the bottom of this form.

How long have you known the applicant? _____

In what capacity? _____

Please provide your views on the applicant. You may wish to include financial need, academic ability, suitability for the chosen field of study, character, etc.

Signature: _____ Title: _____

School/Organization/Company: _____ Date: _____

This form or a letter of recommendation should be returned to the applicant by _____ or mailed to The Community Foundation, 100 S. Main Ave., Suite 202, Sidney OH 45365. Please ensure it is postmarked by March 18, 2010. *Thank you!*

**The Community Foundation of Shelby County
2010 General Scholarship Application**

(Please check cover pages for deadline dates, criteria and special instructions)

Name _____

Address _____ City & Zip _____

County _____ School District in which you reside: _____

Phone _____ E-mail _____

I have/will graduate(d) from _____ High School in _____ (year)

In the fall, I plan to attend _____
(college)

I am currently: a high school student a college student not a student

If currently a student, please list your cumulative Grade Point Average _____

Future intended profession: _____

Length of course (number of years): _____ Projected graduation date _____

Estimated college costs for the coming year:

Tuition \$ _____

Room & Board \$ _____

Books/Supplies \$ _____

Other: _____ \$ _____

TOTAL \$ _____

List scholarships you have been awarded for the coming year and the amount:

If primary residence is with parent(s) or guardian:

Father's
Occupation _____ Place of employment _____

Mother's
Occupation _____ Place of employment _____

Ages of brothers and sisters living at home: _____

Number of brothers and sisters in college: _____

If applicable:

Spouse's
Occupation _____ Place of employment _____

Ages of children living at home: _____

List your participation in community and school activities: *(attach a sheet if preferred)*

List your employment history: (circle full-time, part-time, occasional or seasonal)

Employer: _____ Dates employed: _____
Kind of work: _____ Full-time Part-time
Occasional Seasonal

Employer: _____ Dates employed: _____
Kind of work: _____ Full-time Part-time
Occasional Seasonal

Employer: _____ Dates employed: _____
Kind of work: _____ Full-time Part-time
Occasional Seasonal

Employer: _____ Dates employed: _____
Kind of work: _____ Full-time Part-time
Occasional Seasonal

IUTIS Club Scholarship Applicants Only:

Number of years I played softball in the IUTIS program: _____

REQUIRED ATTACHMENTS

(to be submitted with your application and/ or by the application deadline)

1. Academic Ability

- a. High School Students: Submit a transcript of high school courses and grades. If your high school transcript does not include your ACT and/or SAT score, please submit a copy of the score report(s).
- b. College Students (or if you have taken any college courses within the last three years): Submit a transcript showing courses and grades. High school students in the post-secondary option do not need to submit a transcript if college courses appear on your high school transcript.

2. **Financial Need** (*only if "financial need" is a selection criteria for any scholarship to which you are applying. See Cover Pages*) Submit a copy of the **Expected Family Contribution number (EFC)** shown on your Student Aid Report (SAR). (You can apply to receive your EFC number at www.FAFSA.ed.gov)

3. **Personal Statement**

Submit a brief personal statement of not more than 300 words, telling why you have chosen your field of study, why you selected your preferred college, and why you should be awarded a scholarship. (*Applicants for June Whited Christian Science Scholarship check Cover Pages for instructions*)

4. **Recommendations**

Submit at least one (1) but not more than three (3) letters of recommendation. Please copy the attached Recommendation Form and give it to your references. Your references may submit a letter on their letterhead or complete and return the Recommendation Form. Letters may be included with the application or the writer may send a recommendation directly to the Foundation. Please contact our office if you want know if we received a recommendation letter on your behalf.

CERTIFICATION

I HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS MADE IN GOOD FAITH. I ACKNOWLEDGE THAT THE FOUNDATION RESERVES THE RIGHT TO WITHDRAW A SCHOLARSHIP PREVIOUSLY AWARDED UPON RECEIVING EVIDENCE THAT THE NEED AS DESCRIBED IN THIS APPLICATION HAS SIGNIFICANTLY CHANGED.

Date

Applicant Signature

RELEASE

I hereby agree to permit the release of any and all high school and college records pertaining to scholastic achievement or extracurricular activities, including but not limited to class standing, test scores, and transcript materials to the scholarship selection committees for The Community Foundation of Shelby County.

Parent or Guardian (if applicant is under 18) Applicant

Please submit this application, attachments and cover pages to:

**Community Foundation of Shelby County
100 South Main Avenue, Suite 202
Sidney, OH 45365-2771**