

Blackford County Community Foundation Scholarship Application 2016-17

*Please return completed form to BHS Guidance by 3pm on **March 9, 2017**.

STUDENT INFORMATION

1. _____
Name (Last) (First) (Middle Initial) Last 4 of SSN

2. _____
Permanent Address (Street) (City) (State) (Zip)

Home Telephone Number Cell Phone Number Date of Birth

Student Email Address

Township of Home Address? Washington ___ Jackson ___ Licking ___ Harrison ___

U.S. Citizen? Yes ___ No ___ Gender: Male ___ Female ___

Ethnicity? Caucasian ___ African American ___ Multiracial ___ Hispanic ___
Asian ___ American Indian ___ Other _____

3. # of Years Attended at _____ High School: _____

4. _____
Name(s) of University/College for which you will be attending for the 2016-17 school year

Address _____
(Street) (City) (State) (Zip)

4 Year University/College ___ 2 Year College ___ Vocational/Technical ___

Accredited? Yes ___ No ___

5. Subject Area/Major Applicant Plans To Pursue: _____

6. Student is Accepted (at the college listed in #4) ___ Acceptance Pending ___

7. Will Live On Campus ___ Will Live Off Campus ___ Commute From Home ___

8. Anticipated Date of Graduation from University/College or Vocational/Technical School _____

PARENT(S)

9. Father's or Guardian's Name _____

Employer _____ Position _____

Employer Address _____
(Street) (City) (State) (Zip)

Home Telephone Number _____ Cell Phone Number _____ Parent Email Address _____

Do you live with this parent? _____

10. Mother's or Guardian's Name _____

Employer _____ Position _____

Employer Address _____
(Street) (City) (State) (Zip)

Home Telephone Number _____ Cell Phone Number _____ Parent Email Address _____

Do you live with this parent? _____

11. Step Parent's Name (with whom you live with, if applicable) _____

Employer _____ Position _____

Employer Address _____
(Street) (City) (State) (Zip)

Home Telephone Number _____ Cell Phone Number _____ Step Parent's Email Address _____

12. Number of Family Members Living at Home (Include Yourself) _____

13. List Family Members Who Will Be In College Next Year (with whom you currently live with):

<u>Name</u>	<u>University/College/School</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT WORK HISTORY

Please indicate dates of employment in each job and approximate number of hours worked each week:

1. Employer _____ Position _____

Dates of Employment: From _____ To _____ Avg. Hours Per Week _____

Job Description: _____

2. Employer _____ Position _____

Dates of Employment: From _____ To _____ Avg. Hours Per Week _____

Job Description: _____

3. Employer _____ Position _____

Dates of Employment: From _____ To _____ Avg. Hours Per Week _____

Job Description: _____

SCHOOL AND COMMUNITY ACTIVITIES

Please list memberships and participation in school and community organizations and activities. Indicate whether an office or leadership position was held within the organization/activity, any awards or recognitions were received, and how many years of participation took place. Include sports, clubs, organizations, 4-H, band, choir or any other activities that you participated in during high school.

1. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs

2. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs

3. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs
4. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs
5. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs
6. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs
7. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs
8. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs
9. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs
10. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs
11. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs
12. _____ Years of Participation _____

Honors/Awards _____ Office/Leadership Position _____ for _____ Yrs

List any other activities below (including volunteer activities):

STUDENT GOALS AND ASPIRATIONS

Please write a statement of your educational and career objectives and goals for the future.

Please list any other scholarships, awards, grants, loans, you are seeking or have been awarded for the next academic school year.

<u>Source of Award</u>	<u>Amount Received or Sought</u>	<u>Granted</u>	<u>Pending</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

TRANSCRIPT INFORMATION AND PERMISSION

1. High School Seniors must submit a copy of the FAFSA "Student Aid Report" listing the EFC Amount. *****Failure to submit will result in disqualification from certain scholarships***.**

2. This application is to be returned to Blackford County Community Foundation Office. **All applications are due back to the Blackford County Community Foundation Office by March 9, 2017.**

In submitting this application, I _____, certify that the information provided is complete and accurate to the best of my knowledge. I also agree to permit scholarship committees to share this information on this form, together with supporting financial data, with any other student aid funding source to which I have applied. I also authorize the release of my academic and personal records by _____ High School for use in this scholarship recognition process. I waive my rights of access to this recommendation on behalf of my candidacy for scholarship recognition.

Applicant's Signature

Date

FOR GUIDANCE OFFICE USE ONLY:

___ Academic Transcript and Schedule Attached

___ EFC Attached

Guidance Counselor's Signature

Date

APPLICANT APPRAISAL

1. Have you ever been convicted of a crime or been placed on juvenile probation? Yes ___ No ___

If yes, please explain: _____

How have you learned or grown from this experience? _____

2. Have you ever had problems with attendance or discipline referrals? Yes ___ No ___

If yes, please explain: _____

How have you learned or grown from this experience? _____

3. To Be Completed by a Guidance Counselor or Authorized School Official:

1. How well do you know this applicant? (Please check one)

By Name/Sight ___ Casual/Few Contacts ___ Very Well/Numerous Contacts ___

2. What is your opinion regarding the student's aptitude for further academic study?

Highly Enthusiastic ___ Strong ___ Moderate ___ Hesitant ___ Negative ___

Please indicate where you feel the applicant meets the following criteria:

	Excellent	Good	Average	Below Average
Achievements Reflect Ability	_____	_____	_____	_____
Goal-Oriented/Focused	_____	_____	_____	_____
Motivation to grow	_____	_____	_____	_____
Self-discipline/Initiative	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____
Personal Character	_____	_____	_____	_____
Work Ethic	_____	_____	_____	_____
Overall College Readiness	_____	_____	_____	_____

Please list any other comments on strengths, concerns and/or areas of needed growth.

Appraiser's Printed Name & Title

Appraiser's Signature

Date