

**SHELBY COMMUNITY FOUNDATION
2020 SCHOLARSHIP APPLICATION**

**APPLICANT
DATA**

Last Name _____ First Name _____ Initial _____
 Address _____ City _____ State _____ Zip _____
 Phone () _____ Social Security # (last four digits) _____ Birth Date _____
 Email _____ FAX _____ U.S. Citizen? _____

**HIGH
SCHOOL
DATA**

School Name _____ Graduation Date _____
 Address _____ Phone () _____
 Principal _____ Guidance Counselor _____

**COLLEGE
DATA**

Name of post-secondary/trade school you plan to attend. If unknown, please list in order of preference where applications have been sent.

Accepted?

1) _____ City _____ State _____ Yes / No / Pending
 2) _____ City _____ State _____ Yes / No / Pending

**COLLEGE
EXPENSES**

| | | | |
|--|----------|---|----------|
| <i>Estimated Annual School Expenses:</i> | | <i>Estimated Sources of Financial Assurances:</i> | |
| Tuition & Fees | \$ _____ | Parents/Guardians | \$ _____ |
| Room & Board | \$ _____ | Grants/Scholarships | \$ _____ |
| Books & Supplies | \$ _____ | Employment/savings | \$ _____ |

**OTHER
GRANTS**

List other grants and scholarships for which you have applied:

1) _____ Amount _____ Received / Denied / Pending
 2) _____ Amount _____ Received / Denied / Pending

REFERENCES

List the names and titles of the people you have asked to complete an Applicant Appraisal Form. One must be a school counselor, teacher, coach, or administrator. The other should be a non-family member who knows your qualifications and need.

1) _____ Title _____
 2) _____ Title _____

**CONFIDENTIAL
FAMILY
INFORMATION**

1) Parent or Guardian's Name _____ Occupation _____
 Employer _____ Annual Income _____

2) Parent or Guardian's Name _____ Occupation _____
 Employer _____ Annual Income _____

Please list other dependent children living at home, or in college, and their ages. _____

Please state any special need for financial aid (include any special family circumstances such as unemployment, illness, death, disability, etc.) _____

**SCHOOL &
COMMUNITY
ACTIVITIES**

List all school and community activities for the past three years. Include any special awards, honors or achievements.

High School _____

Activities/Clubs _____

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Community Service _____

Work Experience _____

ESSAY: Submit a personal essay (not more than 2 typed 8.5"x11" pages) describing your character, aspirations, education and career objectives, and future goals. Please state any additional information or comments concerning your personal situation which you feel may be helpful to the Scholarship Committee in evaluating your application.

CERTIFICATION: In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. This application becomes the property of the Shelby Community Foundation and will be held in confidence. I hereby authorize the Utica Community Schools or _____ to release to the Shelby Community Foundation Scholarship Committee, any information that may be helpful in the consideration of this application.

This scholarship application becomes valid only when you have submitted all completed forms to the Shelby Community Foundation on or before March 15, 2020.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____