

DEKALB COUNTY COMMUNITY FOUNDATION, INC.

**SCHOLARSHIP APPLICATION
FOR COLLEGE STUDENTS
- COVER PAGE -**

Last Name

First Name

M.I.

All information provided is kept confidential to protect your privacy. Our staff, volunteer board, and committee members receive only the information necessary to make various scholarship awards.

Scholarship Eligibility Policy

In order to assure the public that DeKalb County Community Foundation maintains impartiality when awarding educational scholarships, foundation directors, officers, employees and their relatives* are not considered eligible for scholarships provided by the foundation.

*Relatives are defined as follows: Spouse, lineal descendents (children, grandchildren, great grandchildren whether by whole or half blood, step-children, step-grandchildren, step-great grandchildren) and their spouses, brothers and sisters (whether by whole or half blood) and their spouses, as well as ancestors. Other relatives (i.e. nephew, niece, etc.) are eligible to receive scholarships provided by the foundation. Approved by the DeKalb County Community Foundation Board of Directors May 19, 2005.

- I understand the Scholarship Eligibility Policy and am eligible to receive a scholarship awarded by DeKalb County Community Foundation.
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Scholarship Eligibility Qualifiers

The statements below will be used as eligibility qualifiers. At a later date you may be asked to provide additional documentation to fulfill the scholarship's eligibility requirements.

Please select which apply.

- I am a current full-time college student pursuing a four-year degree in a healthcare or medical field; have completed my freshman year; AND have a permanent address in DeKalb County, Indiana.
- I am a female who is 25 years or older; pursuing a certificate, two-year or four-year degree as a full-time student; AND reside in DeKalb, Noble or Steuben County, Indiana.
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- I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship granted.**

SCHOLARSHIP APPLICATION FOR COLLEGE STUDENTS

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Permanent Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Date of Birth (mm/dd/yyyy): _____

Is your permanent address in DeKalb County? Yes No

E-mail Address: _____ Gender: _____

Marital Status: Single Married Divorced/Separated

Do you have any children/dependents? No Yes If yes, list ages: _____

Siblings ages: _____ # of family members in college: _____

COLLEGE INFORMATION

Year in College (upcoming academic year): _____

College or University Attending: _____

City and State of School: _____ Full-time Part-time

Major Field of Study: _____

Type of Degree Obtaining: _____ Projected College Graduation Year: _____

HIGH SCHOOL INFORMATION

High School Attended: _____ Year Graduated: _____

Please share any relevant or important information about your high school career regarding awards, honors, or courses taken.

CAREER GOALS

Write a brief statement describing your career goals in the space below.

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COLLEGE ACTIVITIES		
List your school related activities in the order of importance to you.		
Activity	Year Participated	Role or Leadership Position Held

AWARDS AND HONORS		
List awards and honors you received upon graduating high school or while in college.		
Award or Honor Received	Year	Criteria Award Based On

COMMUNITY SERVICES			
List volunteer services you've been involved with AFTER high school.			
Organization	Year	Description of Services	Hours <small>(Total or per week)</small>

EMPLOYMENT AND INTERNSHIPS			
List your work and/or intern experience beginning with the most recent position.			
Organization	Type of Work	Dates Employed or Internship	Hours <small>(Total or per week)</small>

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- **ESSAY** -

Write an essay (not to exceed 800 words) based on the following question. For consistency, the margins and font size have been preset.

"How have the multiple life roles you have played (student, worker, volunteer, parent, etc.) helped or hindered in accomplishing your career or life goals?"

Name:

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- FINANCIAL ASSISTANCE STATEMENT -

Provide a short explanation of why you desire financial assistance. For consistency, the margins and font size have been preset.

Name:

Please list other scholarships or financial aid you currently receive.

Scholarship/Aid	Amount/Semester	Longevity of Award/Aid