



Hillsdale County
community foundation

Scholarship Application



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community foundation

please type or print legibly using dark ink

printable application available online at www.abouthccf.org

small boxes for office use only

Scholarship Name (Please indicate <i>all</i> scholarships listed in the HCCF Scholarship Book for which you are applying.)	
<input type="checkbox"/> 1	<input type="checkbox"/> 6
<input type="checkbox"/> 2	<input type="checkbox"/> 7
<input type="checkbox"/> 3	<input type="checkbox"/> 8
<input type="checkbox"/> 4	<input type="checkbox"/> 9
<input type="checkbox"/> 5	<input type="checkbox"/> 10

Applicant Information

Name: _____ Gender: M _____
Last First Middle

Address: _____ F _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone # or Parent Cell Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Marital Status: Single _____ Married _____

Email address: _____

High School Information

High School: _____ Graduation Date: _____

GPA: _____ School District Residency: _____

ACT Score: _____ SAT Score: _____ Rank: _____ in a class of _____

H.S. Principal: _____

Area Skills/Vo-Tech/Career Center Program (if any):
 _____ Years Attended _____
(Institution) (Program)

Please include a copy of your transcript in a sealed envelope (see your high school counselor). If you are in college or dual enrolled, please attach your high school transcript and a college transcript or a copy of your classes and grades.

College/University Information

List college(s) to which you have applied, in order of preference:

1. _____ Accepted? _____ Application Pending _____

2. _____ Accepted? _____ Application Pending _____

3. _____ Accepted? _____ Application Pending _____

Proposed area of study: _____

Current post-secondary education (if any): _____ Dual Enrollment _____ Full Time _____ Part Time

Name of Institution: _____ Years Attended: _____ GPA: _____

School and Community Activities

Please list extracurricular (including sports), community, and religious activities in which you have participated during the past four years. Please list the activities in order of importance to you.

Activity	Year(s)	Leadership Positions, Awards and Recognition
<i>Example: Student Council</i>	<i>9th-12th grade</i>	<i>Treasurer</i>

Academic Honors

Please list academic honors you received during high school/college.

Honor or Award	Year(s) Received
<i>Example: English Award</i>	<i>10th grade</i>

Applicant Work History

Please list your paid work experience, beginning with your most recent position.

Employer	Nature of Work	Dates of Employment	Hrs/Week

Family Information

Name of Parents/Guardians: _____

Father's Employment: _____
Occupation Employer

Mother's Employment: _____
Occupation Employer

Number of brothers and sisters: Older than you _____ Younger than you _____

Number of family members (including parents) in college: _____

Explain: _____

Family Information (Fill out this section if you are married and/or have dependent children.)

Name of Spouse (if applicable): _____

Spouse's Employment: _____
Occupation Employer

Number of family members in college: _____

Children:

Name	Age

Financial Information

A. Have you filled out the Free Application for Federal Student Aid (FAFSA)? No ___ Yes ___ Date Submitted: _____

B. Expected Family Contribution (EFC), from FAFSA Student Aid Report (SAR): _____

C. Total family income (adjusted gross income from tax return):

_____ Below \$20,000 _____ \$40,000 to \$50,000 _____ \$60,000 to \$70,000

_____ \$20,000 to \$30,000 _____ \$50,000 to \$60,000 _____ Above \$70,000

_____ \$30,000 to \$40,000 Indicate source(s) of income: ___ Applicant ___ Parent ___ Spouse

D. Financing your intended educational program: *Please give costs for your first choice college.*

1. Projected **total cost** of one year (Please itemize below).....\$ _____

Tuition _____ Room/Board _____ Class Materials _____

2. Financial aid received from other sources (scholarships, college awards, etc.).....\$ _____

3. Subtract line 2 from line 1, enter amount here.....\$ _____

E. Please describe any unusual financial circumstances in your household:

Harold S. and Lester E. Gardner Scholarship

(only if applicable)

I affirm my willingness and conviction to live my life without being involved in the use of drugs or alcohol.

Signature of Applicant: _____

Date _____

Township of Residence: _____

Hillsdale High School Class of 1950 Scholarship

(only if applicable)

 Check here if not related

Please indicate if you are a grandchild or other family member of an original member of the class of 1950.

*Give name of class member(s) to whom you are related and indicate your relationship:***Litchfield Oddfellow & Rebekah Scholarship**

(only if applicable)

 Check here if not related

Please indicate which Lodge(s) you are associated with: Oddfellow Lodge #555 _____ Rebekah Lodge #134 _____

*Give name of lodge member(s) to whom you are related and indicate your relationship:***Herb Bordner/Jonesville American Legion Scholarship**

(only if applicable)

 Check here if not related*Give name of Veteran(s) to whom you are related and indicate your relationship:*

Veteran's branch of service: _____ Veteran's dates of service: _____

Is the Veteran a member of the Jonesville American Legion Post #195? _____ yes _____ no

Certification and Permission to Release Information:

I acknowledge that the information in this application is correct to the best of my knowledge. I fully understand that if I am awarded a scholarship, it is for the purpose of post-high school education. In the event that I do not enter a post-high school program, terminate the program prior to using the award, or receive other financial assistance (Pell Grants, scholarships, tuition grants, etc.) that cover, in its entirety, tuition, room and board, or class material costs, I will relinquish claim to the scholarship in order for it to potentially be awarded to another student.

Permission is granted to the Hillsdale County Community Foundation to seek verification of any information provided in this application from any source for review by the officers and trustees of the Foundation or any other person authorized by the Foundation. We hereby release from liability any person submitting information to the Foundation for use in the selection of scholarship recipients.

Applicant Signature: _____

Date _____

Parent Signature: _____

Date _____

*(if applicant is under 18 years of age)***Application Checklist***You must include the following:* Cumulative high school transcript in an envelope sealed by high school guidance counselor.**All transcripts must be sealed when received by the Foundation.** A copy of college acceptance letter. A complete copy of the SAR (Student Aid Report) or a tax return. Please see the HCCF Scholarship Book "Review of Required Items" and "Frequently Asked Questions" for further explanation. **One-page** personal essay, typed and double-spaced. Two letters of recommendation. **Some scholarships require letters from specific sources.**

Please do not put completed application in any type of binder or folder.

Applications must be in the HCCF office or postmarked by March 1st, no exceptions.**Faxed or electronic applications are not accepted.**Submit application and all required materials no later than **March 1st** to:

Hillsdale County Community Foundation Scholarships
2 South Howell St.
PO Box 276
Hillsdale, MI 49242

If you have any questions, please call (517) 439-5101.