



Hillsdale County  
community foundation

# Scholarship Application



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**please type or print legibly using dark ink**

printable application available online at [www.abouthccf.org](http://www.abouthccf.org)

small boxes for office use only

**Scholarship Name** (Please indicate *all* 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: \_\_\_\_\_  Not related to any donor funds

**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):  
 \_\_\_\_\_ (Institution) \_\_\_\_\_ (Program) \_\_\_\_\_ Years Attended \_\_\_\_\_

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 \_\_\_\_\_ Early Middle College \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Years Attended: \_\_\_\_\_ GPA: \_\_\_\_\_



**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 1<sup>st</sup>, no exceptions.**Faxed or electronic applications are not accepted.**Submit application and all required materials no later than the **March 1<sup>st</sup>** due date 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.**