



Hillsdale County
community foundation

Scholarship Application

Please type or print legibly using dark ink



Hillsdale County
community foundation

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 Number: _____ Cell Phone Number: _____
 Date of Birth: _____ Marital Status: Single _____ Married _____
 Email address: _____

High School Information

High School: _____ Graduation Date: _____ School District Residency: _____
 GPA: _____ computation based on: All subjects taken, or Academic college preparatory subjects only
 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, please attach your 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: _____

Family Information (Fill out this section only if your parents claim you as a dependent on their tax return.)

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 only if you have dependent children or are married and file a joint tax return.)

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 first year (Please itemize below).....\$ _____

Tuition _____ Room/Board _____ Class Materials _____

2. Financial aid received from other sources (scholarships, Pell Grants, loans, etc.).....\$ _____

3. Difference between lines 1 and 2.....\$ _____

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:

Certification:

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.

Signature of Applicant: _____

Date _____

Permission to Release Information:

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.

Signature of Applicant: _____

Date _____

Parent's Signature: _____
(if applicant is under 18 years of age)

Date _____

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 applications are not accepted.

Submit application no later than **March 1st** to:

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

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