



*Charitable Dreams for Community Needs*

## **The Community Foundation of Howard County, Inc.**

### ***M. Joyce Cook Memorial Scholarship Application Form***

- For qualified students graduating from any accredited Howard County high school who are accepted into a program leading to a bachelors degree in *elementary education, ministry, or mission field*, who are deserving of financial assistance and who are likely to succeed as post-secondary college, or university students. The scholarship recipients will be determined without regard to race, gender, religion or religious affiliation. The scholarship award(s) shall be made based on the following criteria:
  - (1) Good character;
  - (2) Good citizenship;
  - (3) Good scholastic record;
  - (4) Good work ethic;
  - (5) Recommendation from a faculty or staff member of the high school with respect to the nominated student; and
  - (6) Financial need.

**Please complete and return this form by March 23, 2012 to:**

Community Foundation of Howard County, Inc.  
Attn: M. Joyce Cook Memorial Scholarship  
215 W. Sycamore St.  
Kokomo, IN 46901

If you have questions, you may contact the Foundation office by phone at:  
(765) 454-7298 or e-mail [kim@cfhoward.org](mailto:kim@cfhoward.org)  
Web Site: [www.cfhoward.org](http://www.cfhoward.org)

(PLEASE TYPE OR PRINT THE FOLLOWING DATA)

**Personal Profile**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ E-mail Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name of father/stepfather/guardian \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address if different from student \_\_\_\_\_

Name of mother/stepmother/guardian \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address if different from student \_\_\_\_\_

If applicable, please complete the following:

Spouse \_\_\_\_\_ Number of Children \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Check if applicable    \_\_\_ Father deceased    \_\_\_ Mother deceased    \_\_\_ Parents divorced

**Family Information**

Number of brothers and sisters: Younger: \_\_\_\_\_ Older (If dependent) \_\_\_\_\_

Ages of brothers and sisters: \_\_\_\_\_

Number (including self) in post-high school education next year: \_\_\_\_\_

**Financial Data for 2011**

Student's Income \_\_\_\_\_ Mother's Income \_\_\_\_\_ Father's Income \_\_\_\_\_

If applicable: Stepfather's Income \_\_\_\_\_ Stepmother's Income \_\_\_\_\_

If additional questions should arise with regard to the financial data requested, the foundation reserves the right to request for review a copy of the most recent tax return filed by the applicant, or the applicant's parents, if dependent.

**Estimated Financial Resources:** (List any other financial assistance being received in the form of grants, scholarships and/or loans. Please indicate if these awards are one-time or renewable awards.

Type of Assistance	Source	Amount

Are you a 21<sup>st</sup> Century Scholar?    \_\_\_ Yes    \_\_\_ No

Do you prefer to attend a private college or university? \_\_\_\_\_



**Awards & Honors** - List all awards and honors you have received (school & otherwise) during the last 4 years.

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**Goals and Aspirations** (type or print in 50 words or less)

Describe your personal and educational goals including plans for your career and your future.

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**Application Checklist**

This application for a scholarship becomes complete and valid only when completed in its entirety with all required attachments:

- Student application
- Transcript of grades
- Recommendation from a school faculty member/administrator and also from employer or community member.

Forward to: Community Foundation of Howard County Inc.  
Attn: M. Joyce Cook Memorial Scholarship  
215 W. Sycamore St.  
Kokomo, IN 46901

**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.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Eligibility Requirements: A child, step-child, grandchild, step-grandchild, great grandchild, step-great grandchild, spouse, brother, sister, and spouses of everyone listed previously of someone who during the last five years has served as a member of the Scholarship Committee, Howard County high school staff that has been associated with the selection of scholarships awarded by the Community Foundation of Howard County, Inc., been a Board Member or a regular full-time and/or regular part-time employee of the Community Foundation of Howard County, Inc., is not eligible for scholarships awarded by the Community Foundation.