

THE COMMUNITY FOUNDATION  
OF HOWARD COUNTY, INC.



of Howard County

**The Howard-Tipton  
Central Labor Scholarship  
2012**

**Please complete and return this form to:**

Community Foundation of Howard County, Inc.

Attn: Central Labor Scholarship

215 W. Sycamore St.

Kokomo, IN 46901

Application must be received by March 23, 2012.

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)

## CERTIFICATION OF APPLICATION

-In submitting this application I certify that the information provided is complete and accurate to the best of my knowledge.

-I understand that falsification of information may result in termination of any scholarship granted.

-The Community Foundation of Howard County, Inc. has my permission to use any general, non-financial information included in this application for publicity purposes. In addition, I agree to provide the foundation with photographs and will participate in a scholarship recognition ceremony of the foundation's choosing.

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

### **Personal Profile**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

Street	City	State	Zip
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Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of Father/stepfather/guardian \_\_\_\_\_

(Circle One)

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

Address if different from student's \_\_\_\_\_

Name of Mother/stepmother/guardian \_\_\_\_\_

(Circle One)

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

Address if different from student's \_\_\_\_\_

Check if applicable:       Father deceased       Mother deceased       Parents divorced

### **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? \_\_\_\_\_

Please report any unusual family/personal/financial circumstances you want the committee to consider:

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**Name of College and/or University (s)** to which you have applied (please list in order of preference) and circle those to which you have been accepted:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

Intended major course of study: \_\_\_\_\_

**Scholastic Profile**

High School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Graduation Date: Month \_\_\_\_ Year \_\_\_\_

You ***must include*** an original copy of your high school transcript of grades ***and*** have the following section completed by the appropriate school official.

Applicant Ranks \_\_\_\_\_ in a class of \_\_\_\_\_ SAT/ACT \_\_\_\_\_ Written \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_ (4.0 scale)

School Official \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**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: \_\_\_\_

Have you ever attended college? Yes No

Has anyone in your immediate family ever attended college pursuing a baccalaureate degree? Yes No

If anyone in your family has attended college pursuing a baccalaureate degree, please check all that apply: \_\_Mother; \_\_Father; \_\_Sibling

Has anyone in your immediate family ever graduated from college with a baccalaureate degree? Yes No

If anyone in your family has graduated with a baccalaureate degree, please check all that apply: \_\_Mother; \_\_Father; \_\_Sibling

**Work experience** - List places of employment over last 4 years.

Company	From/To	Hours Per Week	Amount Earned

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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 a Scholarship Committee 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.

