

# The Community Foundation of Howard County, Inc.



## William S. & Susannah B. Hough Memorial Scholarship Application Form

- For qualified students graduating from any public high school or accredited private high school located in Howard County, Ind., who are or will be attending Indiana University-Kokomo, Purdue University-Kokomo, or Ivy Tech Community College in Kokomo in a program leading to an associate's or bachelor's degree.
- 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) **Superior work ethic;**
  - (2) **High moral character;**
  - (3) **Excellent mental attitude;**
  - (4) **Recommendation from the principal or faculty advisor of the high school with respect to the nominated student;**
  - (5) **In the top 50% of the graduating class; or life experiences that prepare the student for academic success if the student has been out of school for three years or more upon application;**
  - (6) **Financial need as the student pursues their education and the majority of the responsibility for providing for those needs.**

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

Community Foundation of Howard County, Inc.

Attn: Hough 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's \_\_\_\_\_

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

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

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

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 from most recent educational institution;
- Letter of recommendation from the school principal or faculty advisor; this individuals must be someone other than a relative.

Forward to: Community Foundation of Howard County Inc.  
Attn: Hough 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 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.