

The Community Foundation of Howard County, Inc.

*Serving the donors of Howard,
Clinton and Carroll Counties*



of Howard County

Charitable Dreams for Community Needs

Max M. Earl Memorial Scholarship Application Form

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

Community Foundation of Howard County, Inc.

Scholarships

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

Web Site: 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 (____) _____

Spouse Name _____

Employer _____ Position _____

Father/Guardian Name _____

Employer _____ Position _____

Mother/Guardian Name _____

Employer _____ Position _____

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

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

Name of College or University you are attending _____

For 2012-13, you will be in which year at IUSM: 1st yr. ____ 2nd yr. ____ 3rd yr. ____ 4th yr. ____
Anticipated graduation date: _____

Scholastic Profile

High School Attended _____ Graduation Date: _____

Class Rank _____ in a class of _____ SAT/ACT _____

Cumulative Grade Point Average _____ (4.0 scale)

College or University Attended _____ Graduation Date: _____

Cumulative Grade Point Average _____ (4.0 scale) MCAT score _____

Please enclose your most recent college or IUSM transcript (if applicable).

Extracurricular Activities - List all school related activities you have participated in during past 4 years:

Activity	# of years	Activity	# of years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Community Involvement - List all community, civic and church activities during the past 4 years.

Activity	# of years	Activity	# of years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Company	From/To	Hours Per Week	Amount Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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.

Self-Expression (type or print in 50 words or less)

Describe an event during your college career that has helped shape your character and/or explain what character traits you feel someone with your career choice should have.

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

Forward to: Community Foundation of Howard County, Inc.
Scholarships
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: _____