

# THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC.



of Howard County

## The Linda F. Pagel Scholarship 2012

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

Community Foundation of Howard County, Inc.

Attn: Linda F. Pagel 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)

For highly, deserving graduating seniors from Western High School in Howard County or Tri-Central High School in Tipton County who are going to attend any accredited college or university in Indiana, and who demonstrate potential for success at that institution, and have demonstrated a need for assistance with education expenses. The scholarship criteria is as follows:

- (1) financial need; (2) good citizenship; (3) graduation in the upper 25 % of their class; (4) intention to pursue a career in teaching or a health related career; (5) a meaningful record of volunteering in the community.

**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: \_\_\_\_\_

(PLEASE TYPE OR PRINT THE FOLLOWING DATA)

**Personal Profile**

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

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email 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? \_\_\_\_\_



