Blackford Community Foundation Scholarship Application 2014-15

*Please return completed form to BHS Guidance by 3pm on March 10, 2015.

STUDENT INFORMATION

1				
Name (Last)	(First)	(Middle Initia	al)	Last 4 of SSN
2. Permanent Address (Street)	(City	·)	(State)	(Zip)
Home Telephone Number	Cell Phone Number		Date of Bir	 th
Student Email Address				
Township of Home Address?	Washington	Jackson	_ Licking	Harrison
U.S. Citizen? Yes N	lo Gender: Mal	e Fema	ale	
Ethnicity? Caucasian Asian	African American American Indian			Hispanic
 # of Years Attended at Black Name(s) of University/College 			015-16 schoo	l year
Address(Street)	(City	')	(State)	(Zip)
4 Year University/College Accredited? Yes No	•	Voca	itional/Techni	cal
5. Subject Area/Major Applicant	Plans To Pursue:			
6. Student is Accepted (at the co	llege listed in #4)	Acceptance	e Pending	_
7. Will Live On Campus	Will Live Off Campu	s	Commute	From Home
8. Anticipated Date of Graduatio	n from University/College	or Vocational/1	Technical Sch	ool

PARENT(S)

9. Father's or Guardian's Nam	e				
Employer			Position		
Employer Address(Street					
(Street)	(City)		(State)	(Zip)
Home Telephone Number	Cell Phone Number		Parent Email Add	dress	
Do you live with this parent?					
10. Mother's or Guardian's Na	ame				
Employer			Position		
Employer Address					
(Street)	(City)		(State)	(Zip)
Home Telephone Number	Cell Phone Number		Parent Email Add	dress	
Do you live with this parent?_					
11. Step Parent's Name (with	whom you live with, if a	applical	ble)		
Employer			Position		
Employer Address					
(Street)	(City)		(State)	(Zip)
Home Telephone Number	Cell Phone Number		Step Parent's E	mail Address	
12. Number of Family Membe	rs Living at Home (Incl	ude Yo	urself)		
13. List Family Members Who	Will Be In College Nex	t Year	(with whom you co	urrently live with)	:
<u>Name</u>	University/Colle	ege/Sc	<u>hool</u>	Relationship	<u>)</u>

STUDENT WORK HISTORY

Please indicate dates of employment	in each job and	d approximate number of hours w	orked each week:
1. Employer		Position	
Dates of Employment: From	To	Avg. Hours Per Week_	
Job Description:			
2. Employer		Position	
Dates of Employment: From	To	Avg. Hours Per Week_	
Job Description:			
3. Employer		Position	
Dates of Employment: From	To	Avg. Hours Per Week_	
Job Description:			
SCHOOL AND COMMUNITY	/ ACTIVITIE	···	
Please list memberships and participal Indicate whether an office or leadership recognitions were received, and how organizations, 4-H, band, choir or any	ation in school ip position was many years of	and community organizations and held within the organization/actions participation took place. Includes	vity, any awards or sports, clubs,
1			
Honors/Awards		Office/Leadership Position	for Yrs
2		Years of Particip	ation
Honors/Awards		_ Office/Leadership Position	for Yrs
3		Years of Particip	ation

Honors/Awards	Office/Leadership Position	for	Yrs			
4						
Honors/Awards	Office/Leadership Position	for	Yrs			
5	Years of Particip	ation				
Honors/Awards	Office/Leadership Position	for	Yrs			
6	Years of Particip	ation				
Honors/Awards	Office/Leadership Position	for	Yrs			
7	Years of Particip	Years of Participation				
Honors/Awards	Office/Leadership Position	for	Yrs			
8	Years of Particip	ation				
Honors/Awards	Office/Leadership Position	for	Yrs			
9	Years of Particip	ation				
Honors/Awards	Office/Leadership Position	for	Yrs			
10	Years of Particip	ation				
Honors/Awards	Office/Leadership Position	for	Yrs			
11	Years of Particip	ation				
Honors/Awards	Office/Leadership Position	for	Yrs			
12	Years of Particip	ation				
Honors/Awards	Office/Leadership Position	for	Yrs			

List any other activities below (including volunteer activities):

STUDENT GOALS AND ASPIRATIONS

Please write a statement of y	our educational and career objectives and	goals for the fut	ure.
Please list any other scholars next academic school year. <u>Source of Award</u>	ships, awards, grants, loans, you are seeki Amount Received or Sought	ng or have beer <u>Granted</u>	awarded for the
		<u>Oranted</u>	<u>r ending</u>
1			
2			
3			
4			
5			
6			

TRANSCRIPT INFORMATION AND PERMISSION

- 1. High School Seniors must submit a copy of the <u>FAFSA "Student Aid Report"</u> listing the EFC Amount. ***<u>Failure to submit will result in disqualification from certain scholarships***</u>.
- 2. This application is to be returned to BHS Guidance Office. If student is completing this application on the Blackford High School website, please print out the completed form, and turn in all pages to the Guidance Office. **All applications are due back to the Guidance Office by March 10, 2015**.

In submitting this application, I	, certify that the information provided is
complete and accurate to the best of my knowledge.	. I also agree to permit scholarship committees to
share this information on this form, together with sup	oporting financial data, with any other student aid
funding source to which I have applied. I also author	rize the release of my academic and personal
records by Blackford High School for use in this school	olarship recognition process. I waive my rights of
access to this recommendation on behalf of my cand	didacy for scholarship recognition.
	-
Applicant's Signature	Date
FOR GUIDANCE OFFICE USE ONLY: Academic Transcript and Schedule Attached EFC Attached	
Guidance Counselor's Signature	 Date

OTHER INFORMATION

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, and/or participation in school and community activities.
Optional: Please indicate whether you or a close family member has been affected by cancer or a sever medical disability. Please do not share specific names or medical information just relationship to you.
FINANCIAL CIRCUMSTANCES
In a brief paragraph please describe "Why you are in need of financial aid for your secondary schooling?" (This is to be no more than 100 words)

APPLICANT APPRAISAL

s, please explain:					
have you learned or grown from	this experi	ence?			
ave you ever had problems with a s, please explain:		-			_ No
have you learned or grown from	this experi	ence?			
o Be Completed by a Guidance	e Counseld	or or Autho	rized School	Official:	
1. How well do you know thi	is applicant	? (Please c	heck one)		
By Name/Sight Casu	ıal/Few Coı	ntacts	Very Well/N	umerous Contacts	3
What is your opinion rega			·		
• • •	-	-		•	<i>!</i> !
Highly Enthusiastic Str	ong N	loderate	Hesitant	_ Negative	
Please indicate where you f					
Achievements Reflect Ability	Excellent v	Good	Average	Below Average	•
Goal-Oriented/Focused	<i></i>				
Motivation to grow					
Self-discipline/Initiative					
Leadership ability					
Personal Character					
Work Ethic					
Overall College Readiness					
Please list any other comme	ents on stre	engths, cond	erns and/or a	reas of needed gr	owth.
Appraiser's Printed Name &	. Title	Annra	iser's Signatu	ıre I	Date