

**Applicant Name** \_\_\_\_\_  
Last First

**School (currently attending)** \_\_\_\_\_



# Scholarship Application

## 2010

The Crown Point Community Foundation is the financial administrator of over 70 scholarship funds created by generous community donors who determine their specific criteria for each scholarship. Completion of this application makes you eligible for consideration of all scholarships with the Foundation. A list of scholarships and criteria can be found at the Foundation's website: [www.crownpointcommunityfoundation.org](http://www.crownpointcommunityfoundation.org).

### Application Checklist

- \_\_\_\_\_ Complete this application in full
- \_\_\_\_\_ Include a one-page essay explaining your goals and needs
- \_\_\_\_\_ Include official transcripts from your high school or college (which includes current 1st semester grades and all SAT/ACT scores)
- \_\_\_\_\_ Include additional documentation, as requested, from specific scholarships listed on the back page of application
- \_\_\_\_\_ Sign and date the bottom of the last page

**Scholarship application and essay must be received  
at the Foundation office by  
March 12, 2010**

Post Office Box 522  
213 S. Court St.  
Crown Point, IN 46308-0522  
219.662.7252  
Fax: 219.662.9493  
Email: [cpcf@sbcglobal.net](mailto:cpcf@sbcglobal.net)  
Web Site Address:  
[www.crownpointcommunityfoundation.org](http://www.crownpointcommunityfoundation.org)

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_\_ Telephone #: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Grade School(s) Attended: \_\_\_\_\_  
\_\_\_\_\_

*Identify grades attended at each grade school. Include years K through 8.  
Length of attendance is considered for some scholarship awards.*

High School: \_\_\_\_\_

## Family Information: (Please provide the following information where applicable)

Name of father/stepfather/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Father's employer: \_\_\_\_\_ Profession: \_\_\_\_\_

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

Address: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Profession: \_\_\_\_\_

Check if applicable:  father deceased  mother deceased  parents divorced

How many children in family? \_\_\_\_\_ How many children in college (including yourself) next school year? \_\_\_\_\_

### Financial Overview:

Approximate amount needed per year for college: \$ \_\_\_\_\_

Amount of financial support you expect to receive for college expenses from sources outside your immediate family (such as child support, grandparents, Social Security, annuities, etc.): \$ \_\_\_\_\_

Other scholarship(s) you have received or expect to receive (if known at this time):

Name or source of scholarship: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name or source of scholarship: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Annual combined income range of parents/guardians in 2009: (support documentation may be requested) (check one)  
 Below \$30,000  \$31,000-\$45,000  \$46,000-\$60,000  \$61,000-\$80,000  More than \$80,000

Special financial needs/considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## College/University/ Technical School Information

Name of school you plan to attend: \_\_\_\_\_

Have you received official notification of acceptance?  Yes  No

If you have been accepted by a school, have you been notified that you will receive any financial aid from that institution which will be applied toward your college expenses? If yes, please indicate the amount. \$ \_\_\_\_\_

Full-Time Student?  Yes  No

Major field of study: \_\_\_\_\_

**SCHOOL ACTIVITIES:**

**Grade(s)**

**Academic Teams**

**Positions/Awards**

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**Grade(s)**

**Athletics**

**Letters/Awards  
(indicate if lettered senior year )**

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**Grade(s)**

**School Activities and Clubs**

**Leadership Positions**

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**COMMUNITY/RELIGIOUS ACTIVITIES:**

**Grade(s)**

**Community or Religious Activity**

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**WORK EXPERIENCE:**

**Grade(s)**

**Work Experience/Employer**

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Will it be necessary for you to work while pursuing a higher education? \_\_\_\_\_

If yes, approximately how many hours do you anticipate working per week? \_\_\_\_\_

