

The Clinton County Community Foundation

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

William and Doris Mohr Scholarship



of Clinton County

SCHOLARSHIP Renewal Application Form

- This scholarship may be renewed each year not to exceed (4) years, subject to review annually by the committees and the availability of sufficient funds, and subject to other conditions, such as maintaining a full-time student status and **at least a (C+) grade average** or the equivalent thereof.
- **Applicants must submit a copy of their acceptance letter from the public state institution that they will be attending. (First time applicants only).**
- The scholarship award (s) shall be made based on the following criteria:
 - (1) **Academics;**
 - (2) **Extra-curricular activities;**
 - (3) **Good character; and**
 - (4) **Financial need.**

Please complete and return this form by May 16, 2012 to:

Clinton County Community Foundation

215 W. Sycamore St.

Kokomo, IN 46901

If you have questions, you may contact the Foundation office by phone at:

(800) 964-0508 or e-mail kim@cfclinton.org

Web Site: www.cfclinton.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 (____) _____
MM/DD/YYYY

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.

Financial Need

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:

Name of College/University/Trade or Vocational School (s) that you currently attend:

1. _____

Major course of study: _____

Is this a change in major? _____

Scholastic Profile

Current GPA _____ **Cumulative GPA** _____

***Please include a copy of your most recent transcript. In order to process your award, the Foundation will need a copy of your Fall 2012 class schedule.**

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

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

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 for each semester
- Class schedule for the Fall 2012 semester

Forward to: Clinton County Community Foundation
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: _____