SCHOLARSHIP APPLICATION

CHECK ONE BOX THAT DESCRIBES YOU:		
Parent/Guardian	Graduating High School Senior	
APPLICANT INFORMATION – PRINT clearly using pen		
Name		
Date of Birth	Gender	
Phone #Email address:		
Home Address		
City, State, Zip	County	
HIGH S	SCHOOL/GED/TASC DATA	
Last/Current High School		
City/State of High School		
Graduation/Completion Date	GPA/GED/TASC SCORE	
Finalists will be requ	ired to provide transcript upon request.	
PRESENT/FUTUE	RE CAREER GOALS AND PROGRAM	
Postsecondary Degree/Certificate F	Program	
Name of School		
Enrolled: Yes No	Enrollment Status: Full Time Part Time	
Presently enrolled taking	credit hours in the above school	
Total Credit Hours Earned to Date	Student ID Number	

REFERENCES

Please submit two letters of recommendation with your application. Your letters may be from teachers, counselors, ministers, etc. Do not use family members. Please make sure they sign the letter and add their phone and email address.

ACTIVITIES

Please list all the school, community, civic and, participated in the last four years.	·
<u>ACTIVITY</u>	NUMBER OF YEARS INVOLVED
AV	VARDS
Please list any service, academic, or vocational	awards you have received.
PERSONA	L STATEMENT
Write several paragraphs (minimum 150 words	s) on BOTH of the following topics:
Your educational goals and what you hThe person who has been most influen	ope to accomplish by earning a degree/certificate. tial in the pursuit of your goals.
Applicant's Signature	Date
Applications must be su	bmitted by March 13, 2026.
	ndations, and personal statement to:
	Child Society iracle Lane
	ka, IN 46545
	ship Committee
	21@gmail.com or CCS Office 574-288-6028
How did you learn (about the Scholarships?
Check all that apply: CCS Flyer Applica	tion @CCS Website Word of Mouth