



## COMMUNITY SCHOLARSHIP PROGRAM TRANSMITTAL FORM

**This Form Must Be Included As First Page of The Application Packet**

Name \_\_\_\_\_ School \_\_\_\_\_

### ITEMS REQUIRED FOR APPLICATION PACKET

- COMPLETED SCHOLARSHIP APPLICATION FORM
- APPLICANT APPRAISAL FORM FROM TEACHER OR COUNSELOR
- SECOND APPLICANT APPRAISAL FORM
- HIGH SCHOOL TRANSCRIPT
- ESSAY – MAXIMUM TWO TYPEWRITTEN PAGES

Applicants will be considered for all scholarships; however, it would assist the review committee if you would indicate the scholarship(s) for which you are particularly qualified.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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### Community Scholarship Program

A joint program of Community Foundation of Greater Rochester • Rochester Community Schools Foundation  
Rochester Kiwanis Club • Rochester Rotary Club  
For more information regarding the Community Scholarship Program call  
The Community Foundation at 248.608.2804 or  
Rochester Community Schools Foundation at 248.726.3190





## COMMUNITY SCHOLARSHIP APPLICATION

**APPLICANT DATA** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Cellphone ( ) \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Email \_\_\_\_\_ FAX \_\_\_\_\_ U.S. Citizen  Yes  No

**HIGH SCHOOL DATA** School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Principal \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

**COLLEGE DATA** Name of post-secondary school you plan to attend. If unknown, please list in order of preference where applications have been sent.

*Accepted?*  
 1) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Yes / No / Pending  
 2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Yes / No / Pending

Intended Major \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES** List the names and titles of the people you have asked to complete an Applicant Appraisal Form. One must be a school counselor, teacher, coach, or administrator. The other should be a non-family member who knows your qualifications relating to the scholarship(s) for which you are applying.

1) \_\_\_\_\_ Title: \_\_\_\_\_  
 2) \_\_\_\_\_ Title: \_\_\_\_\_

**Note: Not all scholarships consider financial criteria. Filling out the information below is optional, but failure to do so may disqualify you from consideration from some scholarships.**

**FAMILY DATA** Parent/Guardian Name(s) \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address if different from applicant \_\_\_\_\_  
 Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Parents' marital status: ( ) Married ( ) Separated ( ) Divorced ( ) Widow or Widower

**FINANCIAL DATA** Father's Annual Income \$ \_\_\_\_\_ Mother's Annual Income \$ \_\_\_\_\_  
 List your family's total adjusted income from their most recent federal tax return \$ \_\_\_\_\_  
 List other children living in your household. Give ages and colleges attending. \_\_\_\_\_  
 \_\_\_\_\_

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**SCHOOL ACTIVITIES, AWARDS, HONORS, & ACHIEVEMENTS:** Name the most significant school activities in which you have participated during the past 4 years (e.g. student government, art, music, sports, etc.) in order of importance.

List special awards, honors, achievements and leadership positions held.

<i>Activity</i>	<i># Yrs.</i>	<i>Awards, Honors, Achievements</i>	<i>Leadership / Offices Held</i>

**COMMUNITY ACTIVITIES, AWARDS, HONORS, & ACHIEVEMENTS:** Name the most significant non-school activities in which you have participated during the past 4 years. List special awards, honors, achievements and leadership positions held.

<i>Activity</i>	<i># Yrs.</i>	<i>Awards, Honors, Achievements</i>	<i>Leadership / Offices Held</i>

**WORK: DESCRIBE YOUR MOST RECENT WORK EXPERIENCE. INDICATE DATES OF EMPLOYMENT IN EACH JOB, APPROXIMATE NUMBER OF HOURS WORKED EACH WEEK, AND AMOUNTS EARNED AT EACH JOB.**

<i>Company/Position</i>	<i>Dates</i>	<i>Hours Per Week</i>	<i>Hourly Rate</i>

**ESSAY:** Submit a personal essay (maximum two typewritten pages) describing your character, aspirations, education and career objectives, and future goals. **This essay is very important in the selection process.** Identify which scholarships you think you are most qualified for and explain why. Also report (if applicable) any unusual family, personal, or financial circumstances which you think warrant consideration.

**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. This application becomes the property of the Community Scholarship Program and will be held in confidence. Essays submitted by scholarship recipients may be shared with the donor if appropriate.*

**This scholarship application becomes valid only when you have submitted a completed package on or before March 12, 2010 to your high school Counseling Office or Rochester Community Schools Foundation Office. See Application Instructions for complete details.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



## SCHOLARSHIP APPLICANT APPRAISAL FORM

**Please print in black ink or type.** One appraisal must be completed by a school counselor, teacher, coach or administrator. The other should be a non-family member who knows your qualifications relating to the scholarship(s) for which you are applying.

Applicant Name: \_\_\_\_\_

High School: \_\_\_\_\_ Appraiser's Name: \_\_\_\_\_

Scholarships are awarded based one or more criteria. Please indicate the criteria that apply to the student you are appraising.

Academics	_____	Church activities	_____	Leadership	_____
Artistic activities	_____	Community Service	_____	Other activities	_____
Athletics	_____	Drama	_____	Overcoming obstacles	_____
Career choice	_____	Financial need	_____	Work ethic	_____

**TO THE APPRAISER:** Your appraisal is very important to this applicant. Please give it your immediate attention. The student has authorized you to release any information that would help in reviewing his/her application. The scholarship deadline is **March 12, 2010**. All materials must be received on or before this date for consideration. **Please return this form to the applicant, high school counselor, or directly to the Rochester Community Schools Foundation Office at (501 W. University Drive - Rochester, MI 48307). Phone 248-726-3190 with questions.**

- What is your relationship with the applicant?  
 Academic       Personal       Employer       Other (specify) \_\_\_\_\_
- How long have you been acquainted with the applicant?  
 All his/her life       5-10 years       3-5 years       1-3 years
- How well do you know the applicant?  
 Extremely well       Very well       Moderately well       Not well
- Do you think the applicant has the ability and determination to complete his/her educational objectives?  
 Yes       No       don't know
- Attach a letter recommendation that includes personal traits such as cooperation, perseverance, character, work habits, ability to set realistic goals, responsibility, commitment to educational goals and commitment to community.

**CERTIFICATION:** *All of the information on this form is true and complete to the best of my knowledge.*

Appraiser's Signature \_\_\_\_\_

Title \_\_\_\_\_ School, Business, etc. \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_

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