

#320

APPLICATION FOR

JERRY ANDREW MEMORIAL SCHOLARSHIP



Several **\$3000 scholarships** will be awarded yearly to graduates who attended the **Tri Star Program** or to **any Celina graduate**. Advanced studies at the college level are required.

Please check any that apply to you:

- I attended Tri Star Career Compact
- I am a Celina Student
- I am both a Tri Star and Celina Student
- I was involved in athletics in High School

Application is due to the Civic Foundation, **postmarked by Feb. 15** of the current year.

Please type or write neatly:

Today's Date: _____

Student Name _____

Student Address _____

City _____ **State** _____ **Zip** _____

Phone (_____) - _____ **E-mail:** _____

High School attended: _____

Current GPA ____ **Cumulative GPA** ____ **ACT Score** ____ **Do you plan to work in college?** _____

College you plan to attend _____

Have you completed an application for Federal Student Aid (FAFSA)? _____

**If yes, list your Expected Family Contribution (from upper right corner on SAR form) \$* _____

List any unusual family expenses in the last year: _____

School/Extracurricular Activities (separate sheet can be attached; be sure to include any athletic involvement):

Employment/Community Activities: _____

Father's Name _____

Address _____ **Phone** _____

Employer _____

Mother's Name _____

Address _____ **Phone** _____

Employer _____

Estimated School Expenses for 1 year:

Tuition and fees _____
 Books _____
 Room and board _____
 Other _____
TOTAL _____

Estimated Financial Aid for 1 year:

Grants _____
 Scholarships _____
 Federal Grant/Pell _____
 Stafford Loan _____
 Perkins Loan _____
 Bank/other Loan _____
TOTAL _____

• REFERENCES:

Attach a reference from a school personnel or a non-family related member.

• ESSAY:

- Where do you see yourself in ten years? Within that one-page-essay, describe how a special person or event in your life has influenced this ten-year plan and/or your career.

I certify that all the information above is correct and accurate to the best of my knowledge.

Student Signature _____

Parent Signature _____

Questions? Call the Foundation at **419-586-9950** or email **mccf@bright.net**.

Send your application and attached documents, **postmarked or delivered by February 15** to:

Mercer County Civic Foundation
PO Box 439 - 119 W. Fulton St.
Celina, OH 45822

