

#302

**APPLICATION
MERCER COUNTY CIVIC FOUNDATION
CELINA SCHOLARSHIP (est. 2017)**



An eligible student must be a graduating senior who has attended Celina High School for at least **three** years. To be eligible for this **\$5,000 scholarship**, a student must:

1. Be pursuing a college degree upon high school graduation.
2. Have at least a 3.3 Cum GPA.
3. Have been enrolled at CHS for at least three years.
4. **Submit Application - postmarked or delivered by February 15.**

APPLICATION REQUIREMENTS

Please type or print clearly in black ink. Include your name on each page.

- **Complete and sign application.**
- **List of activities, honors, awards, experiences, including employment:**
Attach a separate one-sided sheet detailing your past four years. Indicate any **leadership** positions held.
- **Merit-based Essay:**
Attach a **separate** one-sided sheet. Write an essay telling us how a special person or event in your life has influenced your decision to pursue a college degree. Within this essay, also describe your future plans.
- **Letter of Recommendation:** Please submit at least two letters of recommendation - one from an educator and one from a non-family-related community leader.
- **Transcript:** Submit a copy of your high school academic record.
- **Mail** or deliver completed application and attachments to:

**Mercer County Civic Foundation - Celina Scholarship
Application**

Certification of Information:

Today's Date: _____

The information contained in this application is true and correct to the best of my knowledge. I understand that any false-statements or withheld-information will disqualify me from consideration.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Questions? Call the Civic Foundation at 419-586-9950 or email to mccf@bright.net.
Your completed application and attachments must be delivered or postmarked by Feb. 15th

to:

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

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Mercer County Civic Foundation
\$5,000 Celina Scholarship Application

Student Name _____ DOB _____

Student Address _____

City _____ State _____ Zip _____

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

High School Attended: _____

Class Rank: ____ of ____ Current GPA _____ Cumulative GPA _____

ACT Score _____

College You Plan to Attend: _____

Intended Major: _____

Father's Name _____

Full Address _____ Phone _____

Employer _____

Mother's Name _____

Full Address _____ Phone _____

Employer _____

Students must report all other Scholarships or Grants they receive to the Civic Foundation, even those received after this application is submitted. Failure to do so could result in loss of this Civic Foundation-Celina Scholarship.

College Grants/Scholarships awarded: _____

Other Scholarships awarded: _____

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to:

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PO Box 439 – 119 W. Fulton St.
Celina, OH 45822

