

#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.

• TRANSCRIPT:

Attach a copy of your TRANSCRIPT.

• 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**

