

THE WALTER & EVELYN BRAUN FAMILY MEMORIAL SCHOLARSHIP



Walter and Evelyn Braun were lifelong Coldwater residents who loved family, country, and God. They believed in hard work and perseverance. Wally and Evie were two very ordinary people who lived their lives doing very ordinary things. They never gave up and therefore were able to achieve extraordinary results. Their family respectfully offers this scholarship in honor and memory of their lives. It will be awarded to an individual who embodies these characteristics. Recipients of their \$1,000 scholarship must be a Coldwater High School or Coldwater/Tri Star graduate, majoring in Nursing or attending a trade or technical school with any major accepted. A GPA of 3.0 is preferred, but other applicants will be evaluated, based on information provided below.

Application is due to the Civic Foundation, **postmarked by April 1** of the current year. Today's date: _____

Student Name _____

Student Address _____

City _____ State _____ Zip _____

Phone (_____) - _____ E-mail: _____

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

College/School you plan to attend _____

Intended Major: _____

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

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)

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:**

Why do you believe you are most deserving of this scholarship in memory of Mr. and Mrs. Braun? Share life experiences that have helped you become the person that you are and that influenced your decision to pursue either a nursing degree or a technical/trade 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 April 1** to:

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



P. O. Box 439, Celina, OH 45822