

McCurdy Memorial Foundation and Emily Scofield Trust Scholarship Application

Application and supporting documents must be submitted to the high school counseling office (SSC) by **February 22, 2017**.

The SSC will add an official copy of your transcript with test scores and double check to make sure you have included all of the required documents. All application packets will be hand delivered to Comerica Bank on the due date.

**McCurdy Memorial Foundation and Emily Scofield Trust
Scholarship Application Checklist and General Information**

Student Name:

High School:

Checklist of items to be included when submitting your application

- ☐ This Cover Sheet
- ☐ Scholarship Application A. General & Academic Information B. Financial Information
- ☐ Personal Statement
- ☐ Counselor's Statement/Recommendation Form/Letter
- ☐ Official Transcript of Records (guidance office)
- ☐ ACT or SAT Rating (guidance office)
- ☐ FAFSA Financial Aid Form – Please include the TOTAL ESTIMATED FAMILY CONTRIBUTION from the FAFSA form if available.
- ☐ **Application information is presented on one side of the paper only; no back to back photocopying. Page 4 – the Personal Statement – must be typed or word processed in order to receive full consideration.**

Please note should you be selected to receive the McCurdy Memorial or Emily Scofield Trust Scholarship you will be required to provide a senior graduation photograph and your social security number.

Eligible Applicants:

- Graduating high school seniors of private and public schools **who legally reside in Calhoun County** and are seeking educational opportunities in undergraduate studies at an accredited trade school, college or university and will be attending classes full time.
- **Scholarship recipients may not be married during the term of the award** or they will forfeit the balance of the scholarship.
- Applications are available through the counseling office of the applicant's high school, even for those students who graduated in a prior year.

Selection Criteria: Character as demonstrated through initiative, leadership, citizenship, work ethic, community service, educational record as indicated by test data and grades received in high school and/or undergraduate college work to date, and financial need.

Selection by: McCurdy Memorial Scholarship Board of Trustees and Emily Scofield Trust.

Grant Amount: \$2000 per year for McCurdy and \$1000 per year for Scofield. However, if a recipient receives aid from another source, based solely on academic achievement, the award may be reduced, so as to assist additional deserving students.

Renewable: Three additional years, providing terms and conditions are met. Renewal is subject to the approval of the Trustees of the McCurdy Foundation and Scofield Trust.

Support Materials: Completed Application, Official Transcript of Records, ACT or SAT Score, and Personal Statement.

Date Application is Due: Completed applications must be received and on file by **March 1, 2017**. Applications received after that date will not be considered. **Send your application to:**

Lori Hill

Comerica Bank Building

49 West Michigan Avenue

Battle Creek, Michigan 49017.

**McCurdy Memorial Foundation and Emily Scofield Trust
Scholarship Application
General and Academic Information
(Please data process or print in black ink)**

OFFICE USE ONLY

Student ID:

Grant #:

***Applications must be accompanied by the student's Transcript of Records, ACT or SAT Rating, and
appropriate essay.***

Name:

Nickname:

Address/City/State/Zip:

Telephone:

Cell phone:

Email:

Name of Father/Stepfather/Guardian:

Place of Employment

Name of Mother/Stepmother/Guardian:

Place of Employment

High School:

High School Graduation Date:

Birth
Date:

Cumulative
GPA:

ACT/SAT Score:

Marital Status

Resident of Calhoun County Yes ☐ No ☐

Have you attended the Calhoun Area Career Center? Yes ☐ No ☐

If yes, date attended:

CACC Program:

Have you attended the Battle Creek Area Math & Science Center? Yes ☐ No ☐

If yes, date attended:

College(s) Attended, if any:
(Include college transcript)

College Planning to Attend:

Have You Been Accepted?

Profession/Vocation/Intended Major/Discipline:

Beginning Date:

Expected Graduation Date:

**McCurdy Memorial Foundation and Emily Scofield Trust
Scholarship Application
General and School Activities Information**

Please list extracurricular activities, by grade level, in which you have consistently participated while in high school including positions of leadership in school, community, or religious affiliation (not to exceed 2 pages). Do not attach resumes.

Employment information including name of employer, period and length of employment, and position held (list most recent first):

**McCurdy Memorial Foundation and Emily Scofield Trust
Scholarship Application
Personal Statement**

Please include a 200 to 500 word essay in which you discuss the significant experiences in your life that have defined the qualities of YOUR character that will help you achieve your personal aspirations and educational goals. What is it about your character, life experiences, values and goals that makes you a worthy candidate for this scholarship? This personal statement should help distinguish you from other candidates as a person with outstanding character.

Please note....this page must be typed or word processed in order to receive full consideration.

**McCurdy Memorial Foundation and Emily Scofield Trust
Scholarship Application
Financial Information**

ALL FINANCIAL INFORMATION PROVIDED IS CONFIDENTIAL

Financial information is to be based on the information provided on the current financial aid form (FAFSA) and/or most recent tax return. Please be sure all information is complete and accurate to ensure the best consideration of applicant. If any information provided is discovered to be fraudulent, it may result in revoking of the awarded scholarship and other related penalties. Tax forms **may be** requested for verification.

Name of person(s) whose financial information is shown on current financial aid form:

Name of person(s) whose financial information is expected to be shown on next financial aid form:

Total number of exemptions claimed on current financial aid form:

Total number of exemptions expected to be claimed on next financial aid form:

Number of persons in household (include student applicant):

Information from filed tax form ☐ Estimated information ☐

	Parent(s)	Student	TOTAL
Adjusted Gross Income	<hr/>	<hr/>	<hr/>
Social Security or SSI Benefits	<hr/>	<hr/>	<hr/>
ADFC/ADC	<hr/>	<hr/>	<hr/>
Other Untaxed Income	<hr/>	<hr/>	<hr/>
Asset Information:			
Cash Saving	<hr/>	<hr/>	<hr/>
Stocks & Bonds	<hr/>	<hr/>	<hr/>
(Do not include retirement plan)			
Other Real Estate/Investment Value	<hr/>	<hr/>	<hr/>
(Do not include home value)			
Other Real Estate/Investment Debt	<hr/>	<hr/>	<hr/>
Business/Farm Value	<hr/>	<hr/>	<hr/>
Business/Farm Debt	<hr/>	<hr/>	<hr/>
Other Debts (describe)	<hr/>	<hr/>	<hr/>

<u>Applicant</u>	<u>Enrolled in</u>	<u>Value of</u>
MET (Michigan Educational Trust)	<input type="checkbox"/>	\$ <hr/>
MESP (Michigan Education Savings Plan)	<input type="checkbox"/>	\$ <hr/>
Educational IRA	<input type="checkbox"/>	\$ <hr/>
Other Educational Savings Programs	<input type="checkbox"/>	\$ <hr/>

**McCurdy Memorial Foundation and Emily Scofield Trust
Scholarship Application
Financial Information**

Please list all dependent children below
(list student applicant first)

Name	Age	Name of School	If attending school or College, please indicate Private/ Public	Grade Level
			<input type="checkbox"/> / <input type="checkbox"/>	
			<input type="checkbox"/> / <input type="checkbox"/>	
			<input type="checkbox"/> / <input type="checkbox"/>	
			<input type="checkbox"/> / <input type="checkbox"/>	

Total amount expended for current year for college/private schooling (tuition/room & board) for dependent children.
Do not include room and board for students living at home:

Please describe any unusual financial circumstances or financial hardships in your household: (Attach additional sheets if needed)

The undersigned hereby acknowledges that the information provided on this application, including attachments, is true and correct to the best of their knowledge, and that the information may be provided and disclosed to the McCurdy Foundation or Scofield Charitable Trust, to the officers and trustees of the Foundation or Trust, and to any other person authorized by the Foundation or Trust to review the information. Verification may be obtained from any source. We hereby release from liability any person submitting information to the Foundation or Trust for use in the selection of scholarship recipients.

Original signatures required

Signature of Student Applicant*

Date

Signature of Parent

Date

*The student applicant is required to sign this application. The parent(s) must also sign if the student applicant is under 18 years of age and/or was claimed as an exemption.

The undersigned hereby acknowledges that the information provided on this application, including attachments, is true and correct to the best of their knowledge.

Signature of High School Counselor or Principal

Date