

APPLICANT ACTIVITIES

List by grade (9-10-11-12) the following information (You may use a separate sheet of paper if you prefer):

- All school and community activities in which you have participated, offices held, and any honors which you might have received during high school
- After school and summer jobs

APPLICANT'S PERSONAL BACKGROUND

Briefly describe any conditions (special family circumstances, unusual expenses, etc.) that might prevent you from completing four years of college at the Indiana public or private college or university of your choice. You may use a separate sheet of paper if you prefer.

FINANCIAL INFORMATION

The analysis of financial resources available to help fund postsecondary education is one of the factors considered by the Community Foundation of Madison and Jefferson County's selection committee for the George and June Kirk Scholarship. In an effort to assess the financial need of applicants, we are requiring that all applicants for the George and June Kirk Scholarship:

1. Complete the foundation's scholarship application.
2. Complete a *College Costs Estimator* form and corresponding release form (**even if one has been completed previously***), by going to the specific URL address shown on the instruction sheet given to you by the Foundation.
3. Print and return the confirmation page with your application to the designated location outlined in the scholarship application instructions.

Note: Once completed with steps 1 – 3 above, we recommend that you make a copy for your records.

A summary report based on the applicants' completed *College Costs Estimators* will be generated for the Foundation by The National Center for College Costs. The summary report will provide the Foundation with enough information to evaluate this factor in the selection process. We understand the information you provide to The National Center for College Costs is considered personal and confidential, so the Center's analysis of your numbers will only be released once they have received a signed release from you. The applicant summary report will be the only financial information seen by the scholarship committee and will be used only during the scholarship selection process.

***If you have completed a College Costs Estimator after September 1, 2011 contact the National Center for College Costs at 877-687-7291 to see if your previously submitted form can be used for scholarship purposes. Accurate, up-to-date information is required for all applicants and a new Estimator may be required even if one was submitted previously. Signed release forms MUST be submitted by all scholarship applicants.**

An added benefit for your family: By completing the *College Costs Estimator* form for this scholarship, you and your family will receive a customized report summarizing the results of your *Estimator* analysis. You and your family will also have access to the staff at The National Center for College Costs via a toll-free line and email in the months/years ahead at no cost to you should you need assistance dealing with college costs and financial aid issues.

Furthermore, you are invited and encouraged to attend the *College Costs Estimator* workshop taking place on February 7, 2012 at Madison Consolidated High School at 6:30 p.m. to learn about a variety of financial aid programs and opportunities. Family reports will be distributed at the workshop, unless they were mailed or emailed prior to the workshop date. Families not in attendance will receive their reports by mail following the workshop.

The College Cost Estimator is brought to you by the Arvin Sango Foundation and the Community Foundation of Madison and Jefferson County.

*If you are also applying for the Lilly Endowment Community Scholarship, only one Estimator needs to be submitted, but please include your confirmation page with each application.

CERTIFICATION

**APPLICANT, PARENT, AND/OR LEGAL GUARDIAN SIGNATURES ARE REQUIRED BELOW
IN ORDER FOR THIS APPLICATION TO BE CONSIDERED.**

Applicant Name: _____

Address: _____

Phone #: _____

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS THE MOST RECENT I HAVE AVAILABLE AND IS ACCURATE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. If asked by any authorized official of the Community Foundation of Madison and Jefferson County, Inc, I (we) agree to give documentation for information given in this application, including a copy of my most recent tax return. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving this award.

Applicant

Date

Parent or Guardian

Date

Parent or Guardian

Date

All parties involved in this application must sign this certification in order to have the application considered.

To be filled out by Applicant's High School Guidance Department AFTER the Application is submitted:

REQUEST FOR TRANSCRIPT

Please attach a copy of this student's transcript for the most recently completed semester or trimester, including class rank to this application.

This information is handled with great care to insure the privacy of your student.

Student's Name _____
Last First MI

Date of Graduation _____

Counselor's Name _____

IF NOT INCLUDED ON THE TRANSCRIPT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Academic Performance:

Rank in class _____ GPA _____

SAT: Verbal _____ Math _____ ACT _____

2. Program of study student followed during high school: _____

Please highlight any Honors Classes or Advanced Placement Classes on transcript.

3. The Applicant is eligible for a 21st Century scholarship. Yes _____ No _____

4. Is Applicant receiving other substantial aid to your knowledge? _____ If so, please describe:

Place in and complete the information on the envelope provided. SEAL the envelope.
Please return to the High School Guidance Office no later than noon on December 12, 2011.

George & June Kirk Scholarship
APPLICANT APPRAISAL BY AN OUTSIDE SOURCE

Have this section completed by a person outside the school system in a position of authority who knows you and your accomplishments.

Applicant's Name _____

To the person chosen by the applicant to complete this form:

CIRCLE APPROPRIATE CHOICE

The applicant's choice of post-secondary education program is	extremely appropriate	very appropriate	moderately appropriate	not appropriate
The applicant's achievements reflect his/her ability	extremely well	very well	moderately well	not well
The applicant's ability to set realistic and attainable goals is	excellent	good	fair	poor
The quality of the applicant's commitment to school and community is	excellent	good	fair	poor
The applicant is able to seek, find and use learning resources	extremely well	very well	moderately well	not well
The applicant demonstrates curiosity and initiative	extremely well	very well	moderately well	not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	extremely well	very well	moderately well	not well
The applicant's respect for self and others' is	excellent	good	fair	poor

Additional Comments:

Name _____ Title _____ Date _____

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George & June Kirk Scholarship

APPLICANT'S SOPHMORE/JUNIOR TEACHER RECOMMENDATION

This report is handled with great care to insure confidentiality.

Applicant's Name _____

Counselor's or Teacher's estimate of applicant's future success, based on his/her ability

Little success _____

May encounter some difficulty _____

Average _____

Above average _____

Superior _____

Please comment on this student's leadership qualities, extracurricular activities, study skills, family situation, and any other factors about this applicant that you feel should be taken into consideration:

Name _____ Subject _____ Date _____