 Circleville City School Foundation

**2021-2022 Make A Difference**

**Scholarship Application**  (deadline April 1st, 2022)

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| --- | --- | --- | --- | --- | --- |
| **A. Applicant**  **Information** | | | | | |
| Full Name: |  | | | | |
| Permanent Address:  *(include street and city information)* |  | | | | |
| E-mail Address: |  | | | | |
| Telephone Numbers: | Home: Cell: | | | | |
| Date of Birth: *(month, day and year)* |  | | | | |
| Circleville HS Graduation Information: | Graduation Date: | | | | GPA or Class Rank: |
| Are you employed:  *(if yes, indicate where)* |  |  | Yes  No | If yes – indicate where | |
|  |
|  |
| Employment details: | Number of hours worked per week | | | | Gross Income or hourly wage |

1. **Family Information**

|  |  |  |
| --- | --- | --- |
| Name(s) of your parents, guardians or spouse *(if married)* |  |  |
| Telephone Numbers: | Home: | Cell: |
| Place(s) of Employment: |  |  |
| How much will your family contribute toward your educational expenses? |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C. Academic Information** | | | |  |  |  |
| Name of school you will attend in the fall of 2022: |  | | |  |  |  |
| Address:  *(include street and city*  *information)* |  | | |  |  |  |
| Academic Level *(Freshman,*  *Sophomore, Junior, Senior or*  *Graduate)* | |  | | --- | |  |   Freshman Sophomore | | | Junior  Senior |  | Graduate |
| Intended major or field of study |  | | |  |  |  |
| GPA (if currently enrolled or attending) |  | | |  |  |  |
| Have you applied for or received other scholarships: |  |  | Yes  No |  |  |  |
|  |
| If yes - will the | Yes  No | | |  |  |  |
| scholarships be renewed for the 2021-2022 academic year: |  | | | | | |
| Will you be enrolled as a full or part-time student?: | Full Time    Part Time | | | | | |

|  |  |
| --- | --- |
| **D. Applicant Interests and Goals** |  |
| Your responses to the following questions should be typed on a separate piece of paper in 12 point font, double-spaced and no more than one page each. Be sure to include your name and indicate topic #1, 2 and 3 as listed below.     1. Briefly write about your involvement in your community, school, work or another area that interests you. In addition, share something significant about your experience in that area. 2. How do you plan to finance this educational opportunity? (Please indicate by estimated percentage – parents, loans, scholarships, work). Explain how this scholarship would help you financially. 3. What are your goals and hopes for the future? (Include how you decided on this path, how you plan to make a difference, and if someone in particular has influenced you along the way). | |

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| **E. Privacy Declaration** | |
| The information requested will be used to evaluate your application. None of your personal financial information will be divulged in any publicity or external parties. | |
| **Authorization to Release Information.**  The information contained in my application for the Circleville City School Foundation Make a Difference Scholarship may be used by the Foundation for publicity purposes. Any exceptions are noted below: | |
| Exception(s): |  |
| Signature of Applicant: | X |
| Date Application Signed: |  |

I will notify Circleville City School Foundation immediately, in writing, of any change in my plans

ed in my application in the fall of 2022.

to attend the school designat

Signature of

Applicant:

X

Date Signed by Applicant:

**F.**

**Notification of Change in Plans**

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| --- |
| **G. Submitting your Application** |
| Completed applications (with supporting documents) must be received by 3PM on April 1st, 2022 to:  Circleville City School District Office  Attn: Circleville City School Foundation  Scholarship Committee  388 Clark Drive  Circleville, OH 43113    Or deliver by hand to the District Office, or Circleville High School Main Office. |

**B.H. Budget DetailsCCSF Approval s (Foundation only)**

This Make a Difference Scholarship Application has been reviewed by the Circleville City School Foundation Scholarship Committee.

**This** **application has been approved** Yes ☐ No ☐

Date of Committee Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of CCSF Scholarship Committee Chair Date

Date of Full Board Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of CCSF Chair Date

xc: CCSF Treasurer

Applicant(s)