

FULTON COUNTY
COMMUNITY
FOUNDATION
A FUND AFFILIATE OF NICF

2010

Mark Howdeshell Memorial Scholarship



NORTHERN INDIANA
COMMUNITY
FOUNDATION
STARKE FULTON MIAMI

Northern Indiana Community Foundation, Inc.
P. O. Box 807, 715 Main Street, Rochester, IN 46975
Phone: (574) 223.2227 • Toll Free: (877) 432.6423
Fax: (574) 224-3709 • terri@nicf.org www.nicf.org
Corinne Becknell Lucas, Program/Scholarship Coordinator
corinne@nicf.org

The Northern Indiana Community Foundation, Inc. administers a scholarship program that helps local students pursue higher education. Over the years the Community Foundation has helped provide scholarships to many Starke County students. We hope to add you to our list of recipients! If you need additional assistance contact Corinne Becknell Lucas, Scholarship Coordinator for the Northern Indiana Community Foundation (NICF) at 574.223.2227 toll free at 877.432.6423 or email questions to corinne@nicf.org. You can find our application online at nicf.org.

Mark Howdeshell Memorial Scholarship: Mark was a graduate of Kewanna High School and graduated from Indiana-Purdue Fort Wayne with a Bachelor of Science degree in industrial engineering. This scholarship was established in 2007 by friends and family in memory of Mark beloved father, husband and friend.

Eligibility Requirements

Must have been a resident of Fulton County at least 3 years and attend a 4 year college or university in Indiana. The following criteria will be considered: 1st Generation College Students - defined as those whose parents or immediate family has no college or university experience. Financial need and part time employment during high school career. Preference given to students who plan to study engineering or a medical field. 21st Century Scholars and Lilly Endowment Community Scholars are ineligible to receive this scholarship.

Please Make Sure the Following documents are completed and attached.

- Application Information Part A
- Application Information Part B
- Estimated Expenses & Resources
- Academic Certification Form
- Application Signature Page
- Essay Question. Briefly respond to both of the following topics:
 1. Please state your plans as they relate to your educational and career objective and future goals.
 2. Report any unusual family or personal circumstance you feel warrant attention.
- One official school transcript is required. The Foundation will make additional copies as needed.
 - If you are a student entering your first year of college, please attach your high school transcript
 - If you are a college student, please attach your college transcript.
- If instructed by a particular scholarship, you must provide a FASFA's Student Aid Report (SAR). This is the report FASFA returns to you. The EFC (Expected Family Contribution) number must be included on the report.

Instructions for completing the application

- Application Deadline is March 15th 2010
- Applications should be typed or legibly printed in ink.
- Submit one original application and all required attachments. The NICF office will make all necessary copies.
- Do not use staples. Use only paper clips or clamps to attach your application materials to each other. Organize your application and all required materials.

For further assistance contact Corinne Becknell Lucas, Scholarship/Program Coordinator for the Northern Indiana Community Foundation at 574.223.2227 toll free at 877.432.6423 or at corinne@nicf.org.

Mail, fax or drop off your application by the application due date to the:

Northern Indiana Community Foundation, Inc.
P.O. Box 807, 715 Main Street
Rochester, IN 46978
Phone: 574.223.2227
Fax: 574.224.3709
Cell phone: 574.835.4101 email: corinne@nicf.org

Application Information Part A

Name			
_____	_____	_____	_____
_____	_____	_____	_____
Legal Address			Office use only

City / State / Zip			

Mailing Address (if different from above)			

City / State / Zip			

<input type="checkbox"/> Male <input type="checkbox"/> Female		Township of Residence	
_____		_____	
Number of years residing in Indiana		Number of years residing in your township	
_____		_____	
Date of Birth		Home Telephone Number	
_____		_____	
Email address		Cell Phone Number	
_____		_____	
Father's / Guardian's Name			
_____	_____	_____	_____
_____	_____	_____	_____
Address (if different from you)			

City / State / Zip			

Occupation		Firm Name	
_____		_____	
Mother's / Guardian's Name			
_____	_____	_____	_____
_____	_____	_____	_____
Address (if different from you)			

City / State / Zip			

Occupation		Firm Name	
_____		_____	
High School		Graduation Date	# of Year's attended
_____		_____	_____
Elementary School (list school name and dates attended)			

Year in college in the coming academic year: <input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr <input type="checkbox"/> Sr. <input type="checkbox"/> Grad. School <input type="checkbox"/> Other			

1 st Generation College Student <input type="checkbox"/> Yes <input type="checkbox"/> No		21 st Century Scholar <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		_____	
Enrollment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		Enrolled in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		_____	
1 st choice educational institution you plan to attend		Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		_____	
2 nd choice educational institution you plan to attend		Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		_____	
Major field of College Study			

As of this date, do you have a tuition package that pays for more than half of you college tuition per year? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Estimated Expenses & Resources

Name of College/University you plan to attend _____

Estimated Resources

Have you received an award letter from this school? If so please attach. If no, please estimate your eligibility to the best of your ability.

Parent Contribution	\$
University Scholarship or Grants	\$
Federal Pell Grant	\$
Federal Academic Competitiveness Grant	\$
Federal Supplemental Grant (SEOG)	\$
Indiana Grants	\$
Federal Stafford Loan	\$
Federal Perkins Loan	\$
School Job	\$
Other (specify)	\$
Total Aid	\$

Estimated Expenses

Tuition & Fees	\$
Room & Board	\$
Books & Supplies	\$
Transportation	\$
Personal Expenses (e.g. laundry, clothing, etc.)	\$
Total Costs	\$

Do you have any other expense of which you would like to make us aware?

If your estimated expenses exceed your financial aid, how do you plan to pay the difference?

How much do you plan to earn working this summer? _____

Optional Special Circumstances: Please describe any special circumstances you or your family are experiencing.

Name of Student: _____

Academic Certification Form:

This Section to Be Completed By a High School Guidance Counselor

Diploma:

The student will graduate with the following:

Reg. Diploma _____ CORE 40 _____ Technical Honors _____ Academic Honors _____

Advanced Placement Classes:

Number of College Prep, Honors, Advanced Placement, Weighted Courses offered at this high school: _____

Number taken by student: _____

General Testing and Scholarship:

Did this student pass both required sections of the ISTEP GQE? _____ Yes _____ No

21st Century Scholar? _____ Yes _____ No Likely to be a recipient of the award? _____ Yes _____ No

Required Test and SAT/ACT Scores & Cumulative GPA:
Only complete if information is not on the student's transcript

Highest SAT Scores: Writing _____ Math _____ Critical Reading _____ Total: _____

Highest Composite ACT Score: _____

GPA _____ on a scale of _____ Class Rank _____ Class Size _____

Guidance Counselor Signature

Date

This Section to Be Completed By Applicant If They Are a Non-Traditional Student:

You must still attach a copy of your most recent high school or college transcript

GED recipients: Score on Section #1 #2 #3 #4 #5 Total Score: _____

GPA _____ on a scale of _____ Class Rank _____ Class Size _____

Sat Score: Writing Math Critical Reading Total ACT Score composite _____

Student Signature

Date

Application Signature Page

In signing this application, I hereby certify that the information is complete and accurate to the best of my knowledge. I have fulfilled all of the requirements for the application and I am enclosing required attachments as requested on the **instruction and scholarship description section** of this document. I am aware that the Northern Indiana Community Foundation scholarships may be used at an accredited education institution. I also understand that the awards will be announced in the spring and summer of 2010. In addition, I understand that the information contained in my application may be shared with the scholarship committee and / or the scholarship fund founder. If you are under 18 years of age, a parent's signature is required.

Applicant's Name (please print)

Applicant's Signature

Date

Parent's Signature

Date

Submit one original application and all required attachments. The NICF office will make all necessary copies. **Do not use staples.** Use only paper clips or clamps to attach your application materials to each other. Organize your application and all required materials.

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