

# CENTRALIA FOUNDATION

## Scholarship Application

*Elizabeth Edwards Fund - Business Award*  
*Elizabeth Edwards Fund - Education Award*  
*Elizabeth Edwards Fund - Medical Award*

**Application Deadline – March 16, 2018**

(Applications received after this date will be considered after on-time applications.)

**Return Signed Application & Transcripts to:**

**Centralia Foundation  
Nina Buchele  
115 E 2<sup>nd</sup> Street  
Centralia, IL 62801**

(Located in the conference center at Centralia Recreation Complex)

# **EDWARDS SCHOLARSHIP CRITERIA**

GRANTS SHALL BE MADE TO STUDENTS REGARDLESS OF RACE, COLOR OR CREED WHO HAVE BEEN OFFICIALLY ADMITTED TO A COLLEGE, UNIVERSITY, SEMINARY, COMMUNITY COLLEGE OR TRADE SCHOOL. APPLICANTS MUST BE GRADUATES OF CENTRALIA HIGH SCHOOL.

**Elizabeth Edwards Fund - Business Award** - Graduating sophomore of Kaskaskia College who is a graduate of Centralia HS and is pursuing a degree in Business. Applicants must be enrolled in at least 12 semester hours at Kaskaskia College and have earned at least 29 semester hours to obtain sophomore standing. Student must repay scholarship if he/she does not continue in the field of study for which the scholarship was received.

**Elizabeth Edwards Fund - Education Award** - Graduating senior of Centralia HS pursuing a degree in education. Award is for a student enrolled in at least 12 semester hours at Kaskaskia College. Student must repay scholarship if he/she does not continue in the field of study for which the scholarship was received.

**Elizabeth Edwards Fund - Medical Award** - Graduating sophomore of Kaskaskia College who is a graduate of Centralia HS and is pursuing a degree in the Medical Profession. Applicants must be enrolled in at least 12 semester hours at Kaskaskia College and have earned at least 29 semester hours to obtain sophomore standing. Student must repay scholarship if he/she does not continue in the field of study for which the scholarship was received.

## **Release Statement – Signature Required**

I certify that, to the best of my knowledge, all statements submitted are accurate and my own. I understand this application and all records gathered during the process are confidential and will not be disclosed to me. Access will be restricted to appropriate committee members. If I am selected as a recipient of this award, I give permission to release my name and/or photo to the news media.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED WITH A COMPLETE TRANSCRIPT OF ACADEMIC RECORDS TO BE CONSIDERED. HARD COPY OF APPLICATION WITH SIGNATURE REQUIRED.**

**DEADLINE: MARCH 16, 2018**

**Elizabeth Edwards Fund - Business Award**   
**Elizabeth Edwards Fund - Education Award**   
**Elizabeth Edwards Fund - Medical Award**   
**APPLICATION FOR 2018- 2019 SCHOLARSHIPS**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Street City State Zip

Email \_\_\_\_\_ Phone H: \_\_\_\_\_ C: \_\_\_\_\_

**Honors or Awards:** (indicate whether community, high school, or university/college):

**Activities:** (indicate whether community, high school, or university/college):

**Your career or educational goals:**

What is your cumulative GPA? \_\_\_\_\_ What is your current academic status? (check below)

High School Senior  College Freshman  College Sophomore  College Junior  College Senior  Other

What college do you plan to attend for the 2018-2019 academic year? \_\_\_\_\_

Year of high school graduation or GED \_\_\_\_\_ Anticipated year of graduation w/bachelors \_\_\_\_\_

**Parent's name, occupation & annual income** (must be completed by students if claimed as dependents on their parents income tax return.) (If student is selected as recipient, a copy of parents income tax return MAY be required to verify financial need.)

Father \_\_\_\_\_ Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Student Income \$ \_\_\_\_\_ Estimated Educational costs for full academic year \$ \_\_\_\_\_

**Please provide all other financial assistance received (including scholarships) and any further information related to special needs or circumstances:**

Reminder: Attach Transcript!