

# CENTRALIA FOUNDATION

## Scholarship Application

*Madge E. Riechman Fund*  
*Lillian May Harris Fund*  
*Fred L. Wham Jr. & Grace J. Wham Fund*

**Application Deadline – March 16, 2018**

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

**Return 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)

**Riechman/Harris/Wham**  
**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

STUDENTS SHALL DEMONSTRATE FINANCIAL NEED TO RENEW THEIR GRANTS AND SHALL MAINTAIN AT LEAST A 2.0 GPA.

**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**

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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!