

# CENTRALIA FOUNDATION

## Scholarship Application

*Marian Ruth Bude  
Scholarship Fund*

**Application Deadline – March 8, 2024**

(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)**

# **MARIAN RUTH BUDE** **SCHOLARSHIP CRITERIA**

APPLICANTS SHALL BE GRADUATES OF TRINITY LUTHERAN SCHOOL IN CENTRALIA, IL AND ALSO CENTRALIA HIGH SCHOOL OR ANY LUTHERAN HIGH SCHOOL. THIS AWARD IS NOT BASED ON NEED BUT SHALL BE MADE TO A STUDENT WHO HAS SHOWN AN APTITUDE FOR ACHIEVEMENT IN POST SECONDARY EDUCATION INCLUDING A JUNIOR COLLEGE, COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL, TECHNICAL SCHOOL, OR ANY INSTITUTION THAT REQUIRES ENROLLMENT BEYOND THE HIGH SCHOOL LEVEL.

THIS IS A NON-RENEWABLE GRANT FOR \$750.00.

## **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 (INCLUDING VERIFICATION OF GRADUATION FROM TRINITY LUTHERAN ELEMENTARY SCHOOL IN CENTRALIA) AND SUBMITTED WITH A COMPLETE TRANSCRIPT OF ACADEMIC RECORDS TO BE CONSIDERED. HARD COPY OF APPLICATION WITH SIGNATURE REQUIRED.

**DEADLINE: MARCH 8, 2024**

**Marian Ruth Bude Scholarship Fund  
APPLICATION FOR 2024-2025 SCHOLARSHIP**

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 2024-2025 academic year? \_\_\_\_\_

From which High School did you graduate? \_\_\_\_\_

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!