

# CENTRALIA FOUNDATION

## Scholarship Application

### *J. Carl Hall Business 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)**

# **J. CARL HALL BUSINESS FUND SCHOLARSHIP CRITERIA**

GRANTS SHALL BE TO STUDENTS PURSUING ANY DEGREE IN THE BUSINESS FIELD, NOT LIMITED TO A BUSINESS TRAINING OR BUSINESS ADMINISTRATION DEGREE, AS DETERMINED BY THE SCHOLARSHIP SELECTION COMMITTEE. THE STUDENT MUST RESIDE WITHIN THE CENTRALIA HIGH SCHOOL DISTRICT BOUNDARIES.

## **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 8, 2024**

**J. Carl Hall Business Fund**  
**APPLICATION FOR 2024-2025 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 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!