

CENTRALIA FOUNDATION

Scholarship Application

***EDWARD F. STEPHENS, JR. AND RUTH
A. SCHWARTZ SCHOLARSHIP FUND***

Application Deadline – March 8, 2024

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

Return Signed Application & Transcripts to:

**Centralia Foundation
Nina Buchele
115 E 2nd Street
Centralia, IL 62801**

(Located in the conference center at Centralia Recreation Complex)

EDWARD F. STEPHENS, JR. AND RUTH A. SCHWARTZ
SCHOLARSHIP FUND

THIS FUND SHALL PRIMARILY PROVIDE SCHOLARSHIP GRANTS TO THIRD-YEAR MEDICAL STUDENTS. IF, IN ANY YEAR, THERE IS NO QUALIFIED APPLICATION FROM A THIRD-YEAR MEDICAL STUDENT, THE FOUNDATION MAY AWARD AVAILABLE SCHOLARSHIP FUNDS TO STUDENTS PURSUING ANY DEGREE IN THE MEDICAL FIELD, NOT LIMITED TO A MEDICAL DOCTOR'S DEGREE, AS DETERMINED BY THE SCHOLARSHIP COMMITTEE. THE STUDENT SHALL HAVE A GRADE POINT AVERAGE OF 3.0 ON A 4.0 GRADING SYSTEM (B AVERAGE), AND SHALL BE REQUIRED TO MAINTAIN THAT MINIMUM AVERAGE IN ORDER TO REMAIN ELIGIBLE TO RECEIVE THE SCHOLARSHIP MONEY. ALL SCHOLARSHIPS SHALL BE BASED ON NEED, AS DEFINED BY THE TRUSTEES OF THE CENTRALIA FOUNDATION. EACH SCHOLARSHIP APPLICANT SHALL HAVE GRADUATED FROM A HIGH SCHOOL IN THE GREATER CENTRALIA AREA, SUCH HIGH SCHOOLS LOCATED IN MARION, CLINTON, JEFFERSON OR WASHINGTON COUNTIES. ALL SCHOLARSHIPS SHALL BE AWARDED WITHOUT REGARD TO RACE, COLOR, CREED OR NATIONAL ORIGIN.

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

**EDWARD F. STEPHENS, JR. AND RUTH A. SCHWARTZ SCHOLARSHIP 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 _____

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!