



## 2020 SCHOLARSHIP APPLICATION FORM

The following scholarships are available through Fort Wayne Community Schools. All scholarships will be screened on the basis of financial need, scholarship, leadership and initiative displayed during the applicant's high school years. Applicants should plan to attend a four-year college or university. Applicants must be FWCS seniors and rank in the upper half of their graduating class.

Some scholarships have additional eligibility requirements. These requisites are listed by the individual awards. Unless otherwise noted, scholarship awards are \$1,500 per year, renewable for four (4) years for a total of \$6,000.

**Place a check mark beside the scholarship(s) for which you are applying.**

**John and Maryann Chapman Scholarship** – *North Side High School students only*. Students must intend to enter a medical-related field and may be enrolled in either a two-year or four-year program. Award amount to be determined - between \$1,500 - \$3,000 per year, renewable.

**Lee Family Scholarship** – *North Side High School students only*. Students must exhibit leadership potential, be in financial need, show academic accomplishments and are involved in extracurricular activities. Award is \$2,500 per year, renewable for four (4) years given to two students each year.

**Alice MacPherson Scholarship** – *North Side High School students only*. Award is \$1,500 per year, renewable for four (4) years.

**Shahnaz Shipchandler Scholarship** – *Northrop High School students only*. This is a one-time award of \$2,500. Prefers a student that will study biology, English, or economics in college with a minimum GPA of 3.2.

**Charles Baker Scholarship** – *Wayne High School students only*. Applicants must rank 3 through 10 in their graduating class. Award varies between \$400 - \$500 per year, renewable for four (4) years.

**Reagan Swinford Memorial Scholarship** – *Wayne High School students only*. This is a one-time award between \$1,000 - \$1,100 for a student in financial need, shows leadership, service and initiative during their high school years. Applicants should rank in the upper half of their graduating class and plan to attend a two or four-year college/university.

**Bill C. Anthis Scholarship** – Students must plan to attend a public, degree-granting Indiana college. SAT score of 1000 or higher is required, along with ability to make the best use of time and talent in class, extracurricular activities and work experience. This is a one-time award. Award varies between \$1,000 - \$1,500.

**Clarence & Josephine Biedenweg** – Applicants must enroll in an Indiana university/college to pursue a degree in education. Award varies between \$20,000 - \$26,000.

**Kasey Harter Scholarship** – This is a one-time award. Award varies between \$1,000 - \$1,500.

**Grace Hogan Scholarship** – Award is \$1,500 per year, renewable for four (4) years.

**Noel M. Hupp Entrepreneurship Scholarship** – This is a one-time \$500 award. Student must plan to major or minor in Entrepreneurship. Application with a minimum 3.0 GPA. Brief essay (500 words or less) to accompany application - "What Inspires You About Being an Entrepreneur?"

**John F. Young Scholarship** – Students ranked in the upper half of their graduating class pursuing a 4-year degree. Award is \$1,500 per year, renewable for four (4) years.

**Caroline Zwick Scholarship** – Students ranked in the upper half of their graduating class pursuing a 4-year degree. Award is \$1,500 per year, renewable for four (4) years.

Print Name: \_\_\_\_\_

**Scholarship Application Deadline:  
Friday, March 6, 2020**

**Applications due to Community Programs by Friday, March 6, 2020**



Student Name: \_\_\_\_\_ Address \_\_\_\_\_

## 2020 FWCS Scholarship Application

### STUDENT INFORMATION

Circle one

Mr.

Ms.

\_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
First Middle Last

Student Address \_\_\_\_\_  
City, State, Zip

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

High School \_\_\_\_\_ E-mail Address \_\_\_\_\_

### COLLEGE/UNIVERSITY INFORMATION

List the colleges/universities where you have applied. Please place a checkmark by the one you plan to attend.

- School: \_\_\_\_\_ City/State: \_\_\_\_\_
- School: \_\_\_\_\_ City/State: \_\_\_\_\_
- School: \_\_\_\_\_ City/State: \_\_\_\_\_
- School: \_\_\_\_\_ City/State: \_\_\_\_\_
- School: \_\_\_\_\_ City/State: \_\_\_\_\_

My school of choice is  four-year college/university  two-year college/university  vocational school  other

Major Field of Study: \_\_\_\_\_ Degree to Obtain: \_\_\_\_\_

#### List all scholarships applied for:

Name of Scholarship	Amount Per Year	Status: unknown, approved, denied

#### Please list all other financial aid packages you have been offered or received:

\_\_\_\_\_  
\_\_\_\_\_

I am enrolled in the 21<sup>st</sup> Century Scholar Program. \_\_\_\_\_yes \_\_\_\_\_no

Student Name: \_\_\_\_\_ Address \_\_\_\_\_

**FAMILY INFORMATION**

Provide the following information where applicable.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
City, State, Zip

Number of family members who will be attending college during the next academic year \_\_\_\_\_

**Children of Parents**

Name/Relationship to Applicant	Age	Attended College?	Claimed as Tax Dependent?

**Other Dependents of Parents**

Name	Age	Relationship	Claimed as Tax Dependent?

**ACADEMIC INFORMATION**

Attach an official copy of your most current transcript to this application.

Weighted GPA \_\_\_\_\_ Non-weighted GPA \_\_\_\_\_

Class Rank \_\_\_\_\_ out of \_\_\_\_\_ students

Name of High School \_\_\_\_\_

**Type of Diploma:** \_\_\_ General High School Diploma \_\_\_ Core 40 Diploma \_\_\_ Academic Honors Diploma

**College Entrance Exam Scores**

SAT Math Score \_\_\_\_\_ Verbal Score \_\_\_\_\_ Writing Score \_\_\_\_\_ Total Score \_\_\_\_\_

ACT Total Score \_\_\_\_\_

PSAT/ NMSQT (National Merits) Score \_\_\_\_\_

Student Name: \_\_\_\_\_ Address \_\_\_\_\_

**WORK HISTORY AND SCHOOL/COMMUNITY ACTIVITIES**

**School Activities & Awards** – Include all school-related activities such as band, athletics, student government, etc.

Activity	Year (please circle)	Hours per Week	Leadership position/awards
	FR SO JU SR		
	FR SO JU SR		
	FR SO JU SR		
	FR SO JU SR		
	FR SO JU SR		
	FR SO JU SR		
	FR SO JU SR		
	FR SO JU SR		
	FR SO JU SR		
	FR SO JU SR		

**Community Activities** – volunteer, religious, scouts, etc.

Activity	Start/Finish Date	Hours per Week	Leadership position/awards

**Work History** – Include summer and school year employment. Start with your most recent job.

Employer	Nature of Work	Start/Finish Date	Hours per Week	Hourly Pay

Student Name: \_\_\_\_\_ Address \_\_\_\_\_

**FINANCIAL INFORMATION**

If you are a **dependent** student, please have your parents complete the PARENT/GUARDIAN INFORMATION section of this form using information from their most recent IRS Tax Return. You must complete the APPLICANT INFORMATION section. You are a dependent student if you are under 24 years of age.

If you are **independent**, information about you and your spouse (if applicable) must be included. You do not need to supply information from your parents. Figures should be taken from your most recent U.S. Income Tax return. You are an independent student if you are 24 years of age or older. If you are under 24, you may claim independent status, only if you have (1) served in the military, (2) are a ward of the courts, (3) are married and living away from your parents, or (4) have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those two years.

**PARENT/GUARDIAN INFORMATION**

For Tax Year (e.g., 2018)

Adjusted Gross Income \$ \_\_\_\_\_

Total U.S. income tax paid \$ \_\_\_\_\_

Income earned from work by  
Father/Guardian \$ \_\_\_\_\_  
Mother/Guardian \$ \_\_\_\_\_

Untaxed income and benefits  
(Child Support, AFDC, ADC, SSI) \$ \_\_\_\_\_

Medical/dental expenses not  
covered by insurance \$ \_\_\_\_\_

Cash, savings, stocks, bonds,  
CDs, etc. \$ \_\_\_\_\_

Net value of real estate not used as primary residence  
(market value less balance of  
mortgage) \$ \_\_\_\_\_

Total number of dependents \_\_\_\_\_

**APPLICANT INFORMATION**

For Tax Year (e.g., 2018)

Adjusted Gross Income \$ \_\_\_\_\_

Total U.S. income tax paid \$ \_\_\_\_\_

Income earned from work by  
You \$ \_\_\_\_\_  
Your spouse (if applicable) \$ \_\_\_\_\_

Untaxed income and benefits  
(Child Support, AFDC, ADC, SSI) \$ \_\_\_\_\_

Medical/dental expenses not  
covered by insurance \$ \_\_\_\_\_

Cash, savings, stocks, bonds,  
CDs, etc. \$ \_\_\_\_\_

Net value of real estate not primary residence  
(market value less balance of  
mortgage) \$ \_\_\_\_\_

Total number of dependents \_\_\_\_\_

**Applicant's estimated school expenses**

Tuition and Fees: \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_

Student Name: \_\_\_\_\_ Address \_\_\_\_\_

**ADDITIONAL INFORMATION**

Check if applicable:  parents divorced     father deceased     mother deceased     other (please explain below)

\_\_\_\_\_

If no financial information is provided for either the father/male guardian or the mother/female guardian, please provide an explanation below. Also, if there are unusual circumstances regarding the information provided on the previous page, or if there are unusual financial circumstances expected in the future, please provide an explanation below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother/Guardian Employer: \_\_\_\_\_

Father/Guardian Employer: \_\_\_\_\_

**CERTIFICATION**

I certify that all information on this form is true and complete to the best of my knowledge. If asked by any authorized official of the Community Foundation, I agree to give documentation for information given on this form. I realize that this proof may include a copy of a U.S. tax return.

\_\_\_\_\_

Applicant Signature and Date

Student Name: \_\_\_\_\_ Address \_\_\_\_\_

<b>Attachments</b>
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**Please attach the following to your application form:**

1. Student Essay - Using the leadership roles or extracurricular activities you indicated as being important to you, describe in your essay the following: What impact has the experience(s) had on you and how you see the world? How has it influenced your plans for the future? Who or what influenced you and what may you contribute because of that influence through higher education? Discuss why you wish to continue your education and why you have selected the field of study you intend to pursue. The essay must be a minimum of one page and no longer than two pages.
2. Letters of Recommendation – Please provide two (2) letters of recommendation. One MUST be from a teacher and/or guidance counselor.

Student Name: \_\_\_\_\_ Address \_\_\_\_\_

## APPLICATION CHECKLIST

**Before you turn in your application, please verify that the completed scholarship application includes:**

- A signed copy of the scholarship application form
  - Application completed and signed by the applicant
  - Financial information
  - Applicant essay
  - Two letters of recommendation – One MUST be from a teacher and/or a counselor
  - A recent transcript

All sections of the application must be completed before consideration for an award will occur.

**Return the completed application to your high school Guidance Office (who will forward the application) or return directly to FWCS Community Programs (located at the Family and Community Engagement Center at 230 E. Douglas Avenue). Please note, it is likely that your high school will have a scholarship deadline before the FWCS Community Programs' deadline in order to allow time for school mail delivery.**

**Scholarship applications and coversheets not received by FWCS Community Programs by 4 p.m. on Friday, March 6, 2020 will not be considered in the selection process.**

FWCS Community Programs  
230 E. Douglas Avenue  
Fort Wayne, IN 46802  
260-467-8810