## 

## DeKalb Community Scholarship Application

## Criteria for a $1,000.00 Scholarship:

## DeKalb County resident

## Obtained a GED or high school equivalency (HSE) diploma, or graduated from high school prior to 2020

## Beginning a new work skills certification or Associate’s Degree program, or

## Currently pursuing a work skills certification or Associate’s Degree, or

## Returning to complete a work skills certification or Associate’s Degree after a break in continuous enrollment

## The recipient of this scholarship may choose any certificate program or 2-year degree from an accredited school. The DeKalb Community Scholarship becomes available for the Fall 2020 semester.

## Application deadline is Wednesday, June 1, 2020.

## Application information may be submitted electronically, typed or neatly hand written in ink.

## Complete the form and email to [AWillis@CFDeKalb.org](mailto:AWillis@CFDeKalb.org) or mail or drop off at: Community Foundation DeKalb County

## 700 S. Main Street

## P.O. Box 111

## Auburn, IN 46706

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| Applicant Information | | | | | | | | | |
| Full Name: | Last: | | First: | | M.I. | | Date: | | |
| Address: | Street Address: | | | | | | | | |
|  | City: | | | | State: | | ZIP Code: | | |
| Phone: ( ) | | | | E-mail Address: | | | | | |
|  | | | | | | | | | |
| Education (*list last school attended)* | | | | | | | | | |
| School: | | | City / State: | | | | | | |
| From: | | To: | Last date attended: | | | | | | |
|  | | | | | | | | | |
| Work Experience *(list most recent employment first)* | | | | | | | | | |
| Company: | | | From: | To: | | Full or Part Time: | | | |
| Company: | | | From: | To: | | Full or Part Time: | | | |
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| Questions | | | | | | | | | |
| As you answer the following questions, please think through your responses carefully. Give the Scholarship Committee a good picture of what you have accomplished in the past and how you are taking control of your future.   1. Why have you decided to return to school now? | | | | | | | | | |
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| 1. Briefly describe the reason you are applying for a DeKalb Community Scholarship. | | | | | | | | | |
|  | | | | | | | | | |
| 1. Which Certification, or Associate’s program are you enrolling in? | | | | | | | | | |
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| Disclaimer and Signature | | | | | | | | | |
| *To assure the public that the Community Foundation DeKalb County maintains impartiality when awarding educational scholarships, the following individuals and their relatives\* are not considered eligible for scholarships provided by the foundation:*   * *Foundation directors, officers, and employees* * *Foundation scholarship committee members*   *This restriction applies for the year scholarships are awarded and for two years after s/he is no longer connected with the foundation in a volunteer or paid position.*  *\*Relatives are defined as: Spouse, lineal descendants (children, grandchildren, great grandchildren whether by whole or half blood, step-children, step-grandchildren, step-great grandchildren) and their spouses, brothers and sisters (whether by whole or half-blood) and their spouses, as well as ancestors.**Other relatives (i.e. nephew, niece, etc.) are eligible to receive scholarships provided by the foundation.*  I will keep Community Foundation DeKalb County appraised of my academic status as requested. | | | | | | | | | |
| Signature: |  | | | | | | | Date: |  |