

2010

Amanda Drudge Memorial Scholarship



NORTHERN INDIANA  
COMMUNITY  
FOUNDATION  
STARKE FULTON MIAMI

**Northern Indiana Community Foundation, Inc.**  
P. O. Box 807, 715 Main Street, Rochester, IN 46975  
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Fax: (574) 224- 3709 [terri@nicf.org](mailto:terri@nicf.org) [www.nicf.org](http://www.nicf.org)  
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P. O. Box 807, 715 Main Street,  
Rochester, Indiana 46975  
Phone: (574) 223-2227 ♦ Toll Free: (877) 432-6423  
Fax: (574) 224-3709 ♦ terri@nicf.org ♦ www.nicf.org  
Corinne Becknell Lucas ♦ Program/Scholarship Coordinator ♦ corinne@nicf.org

**The Northern Indiana Community Foundation, Inc.** administers a scholarship program that each year helps local students pursue higher education. We hope to add you to our list of scholarship recipients! If you need additional assistance, please contact Corinne Becknell Lucas, Scholarship Coordinator for the Northern Indiana Community Foundation (NICF) at 574.223.2227 or toll free at 877.432.6423. You can also email questions to corinne@nicf.org. You can find our application online at nicf.org.

**Amanda Drudge Memorial Scholarship:** Amanda planned to become a missionary. She was not able to complete this desire but through the generosity of many Christian people, the scholarship has aided multiple students who have been able to reach many more people than Amanda could have alone.

**Eligibility Requirements:** Students graduating from North Miami, Rochester, and Tippecanoe Valley High Schools. Also home or private school students in the Fulton or Miami County area who have completed the necessary requirements for high school graduates. Financial Need with First priority given to students pursuing a degree in the field of Christian ministry. Second priority will be given to students pursuing a degree in the field of nursing, education (teaching), or social services.

**Please Make Sure the Following documents are completed and attached.**

- Application Information Part A
- Application Information Part B
- Estimated Expenses & Resources 2010-2011
- Academic Certification Form
- Signature Page
- Two letters of recommendation
  - One from your pastor.
  - One from your school counselor.
- Essay question: Write a paragraph for each of the following:
  - Describe your relationship to Jesus Christ. Include in your statement how you came to make such a commitment.
  - How do you plan to serve Christ during and after completion of your education?
  - If you have not personally accepted Jesus Christ as your Savior why should you be considered for this scholarship?
- One official school transcript is required. The Foundation will make additional copies as needed.
- FASFA's Student Aid Report (SAR). This is the report FASFA returns to you. The EFC (Expected Family Contribution) number must be included.

**Instructions for completing the application**

- Application Deadline is Friday March 15<sup>th</sup> 2010
- Applications should be typed or legibly printed in ink.
- Submit one original application and all required attachments. The NICF office will make all necessary copies.
- Do not use staples. Use only paper clips or clamps to attach your application materials to each other. Organize your application and all required materials.

**Public High School Students must return application to the Guidance Dept. of your High School.**

**Home Schooled or Private School Students should mail, fax or drop off the application to the following location:**

**Northern Indiana Community Foundation, Inc. P.O. Box 807, 715 Main Street, Rochester, IN 46975**  
Phone: 574.223.2227      Toll Free: 877.432.6423      Fax: 574.224.3709  
Cell phone: 574.835.4101      email: corinne@nicf.org

# Application Information Part A

Name

First

Middle

Last

Legal Address

City / State / Zip

Mailing Address (if different from above)

City / State / Zip

Office use only

Male  Female

County of Residence

Township of Residence

Number of years residing in Indiana

Number of years residing in your township

Date of Birth

Home Telephone Number

Email address

Cell Phone Number

Father's / Guardian's Name

First

Middle

Last

Address (if different from you)

City / State / Zip

Occupation

Firm Name

Mother's / Guardian's Name

First

Middle

Last

Address (if different from you)

City / State / Zip

Occupation

Firm Name

High School

Graduation Date

# of Year's attended

Elementary School (list school name and dates attended)

Year in college in the coming academic year:  Fresh.  Soph.  Jr  Sr.  Grad. School  Other

1<sup>st</sup> Generation College Student  Yes  No Enrollment Status:  Full-time  Part-time  Other

1<sup>st</sup> choice educational institution you plan to attend Accepted?  Yes  No

2<sup>nd</sup> choice educational institution you plan to attend Accepted?  Yes  No

3<sup>rd</sup> choice educational institution you plan to attend Accepted?  Yes  No

Major field of College Study

As of this date, do you have a tuition package that pays for more than half of you college tuition per year?  Yes  No



Name of Student: \_\_\_\_\_

**Academic Certification Form:**

**This Section to Be Completed By a High School Guidance Counselor**

**Diploma:**

The student will graduate with the following:

Reg. Diploma \_\_\_\_\_ CORE 40 \_\_\_\_\_ Technical Honors \_\_\_\_\_ Academic Honors \_\_\_\_\_

**Advanced Placement Classes:**

Number of College Prep, Honors, Advanced Placement, Weighted Courses offered at this high school: \_\_\_\_\_

Number taken by student: \_\_\_\_\_

**General Testing and Scholarship:**

Did this student pass both required sections of the ISTEP GQE? \_\_\_\_\_ Yes \_\_\_\_\_ No

21<sup>st</sup> Century Scholar? \_\_\_\_\_ Yes \_\_\_\_\_ No Likely to be a recipient of the award? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Required Test and SAT/ACT Scores & Cumulative GPA:**

*Only complete if information is not on the student's transcript*

Highest SAT Scores: Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Total: \_\_\_\_\_

Highest Composite ACT Score: \_\_\_\_\_

GPA \_\_\_\_\_ on a scale of \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

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**Guidance Counselor Signature**

**Date**

**This Section to Be Completed By Applicant If They Are a Non-Traditional Student:**

*You must still attach a copy of your most recent high school or college transcript*

GED recipients: Score on Section #1 #2 #3 #4 #5 Total Score: \_\_\_\_\_

GPA \_\_\_\_\_ on a scale of \_\_\_\_\_ Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

Sat Score: Writing Math Critical Reading Total ACT Score composite \_\_\_\_\_

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**Student Signature**

**Date**

## Estimated Expenses & Resources

Name of College/University you plan to attend \_\_\_\_\_

### Estimated Resources

Have you received an award letter from this school? If so please attach. If no, please estimate your eligibility to the best of your ability.

Parent Contribution	\$
University Scholarship or Grants	\$
Federal Pell Grant	\$
Federal Academic Competitiveness Grant	\$
Federal Supplemental Grant (SEOG)	\$
Indiana Grants	\$
Federal Stafford Loan	\$
Federal Perkins Loan	\$
School Job	\$
Other (specify)	\$
Total Aid	\$

### Estimated Expenses

Tuition & Fees	\$
Room & Board	\$
Books & Supplies	\$
Transportation	\$
Personal Expenses (e.g. laundry, clothing, etc.)	\$
Total Costs	\$

Do you have any other expense of which you would like to make us aware?

If your estimated expenses exceed your financial aid, how do you plan to pay the difference?

How much do you plan to earn working this summer? \_\_\_\_\_

Optional Special Circumstances: Please describe any special circumstances you or your family are experiencing.

# Signature Page

In signing this application, I hereby certify that the information is complete and accurate to the best of my knowledge. I have fulfilled all of the requirements for the application and I am enclosing required attachments as requested on the **instructions and scholarship description section** of this document. I am aware that the Northern Indiana Community Foundation scholarships may be used at an accredited education institution. I also understand that the awards will be announced in the spring and summer of 2010. In addition, I understand that the information contained in my application may be shared with the scholarship committee and / or the scholarship fund founder. If you are under 18 years of age, a parent's signature is required.

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Applicant's Name (please print)

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Applicant's Signature

Date

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Parent's Signature

Date

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