

2011

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
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
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P. O. Box 807, 715 Main Street,
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Phone: (574) 223-2227 ♦ Toll Free: (877) 432-6423
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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
- 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.
- FAFSA's Student Aid Report (SAR). The EFC (Expected Family Contribution) number must be included.

Instructions for completing the application

- Application Deadline is March 14th 2011
- 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

1st Generation College Student Yes No Enrollment Status: Full-time Part-time Other

1st choice educational institution you plan to attend Accepted? Yes No

2nd choice educational institution you plan to attend Accepted? Yes No

3rd 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

21st 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 _____

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 _____

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 2011. 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.

Applicant's Name (please print)

Applicant's Signature

Date

Parent's Signature

Date

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