

FULTON COUNTY
COMMUNITY
FOUNDATION
A FUND AFFILIATE OF NICF

2010

Greg Peter Memorial Fund



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
corinne@nicf.org

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

Greg Peter Memorial Fund: A lifelong Rochester resident and a “tinner” in the heating and air conditioning business, Greg was perhaps better known by friends and music fans in northern Indiana as the bassist for such bands as Brandy Creek, Treated and Released, and Undercover Blues Band. A fitting tribute to Greg, decided Julie, would revolve around the things that Greg loved — music and the career to which he was so dedicated. This fund was created by an event held at the Rochester Moose Lodge in that featured reunions of the Greg’s former bands, an auction and the attendance and generosity of more than 300 people.

Eligibility Requirements

To be considered, an applicant must be a graduate of Rochester High School, Rochester, Indiana and a resident of Fulton County, Indiana who is pursuing a degree in the arts and/or HVAC education at an accredited college, university, trade or vocational school. Nontraditional students and traditional students will have the same consideration. Applicants should demonstrate meaningful involvement in high school activities, demonstrate meaningful involvement in his/her community and demonstrate dedication toward the successful pursuit of a degree through a well-written personal statement describing his/her plans for the future and the importance of receiving a post-high school education.

The scholarship is also renewable.

Please Make Sure the Following documents are completed and attached.

- Application Information Part A
- Application Information Part B
- Estimated Expenses & Resources
- Academic Certification Form
- Application Signature Page
- Essay Question.
 - Describe your plans for the future and the importance of receiving a post high school education.
- One official school transcript is required. The Foundation will make additional copies as needed.
 - If you are a student entering your first year of college, please attach your high school transcript
 - If you are a college student, please attach your college transcript.

Instructions for completing the application

- Application Deadline is March 15th 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.
- If you are in high school submit the application to the guidance department. Those who are non-traditional or college students please mail, fax or drop off your application by the application due date to the: Northern Indiana Community Foundation, Inc., P.O. Box 807, 715 Main Street, Rochester, IN 46975.

For further assistance contact Corinne Becknell Lucas, Scholarship/Program Coordinator for the Northern Indiana Community Foundation at 574.223.2227 toll free at 877.432.6423 or at corinne@nicf.org.

Application Information Part A

Name			
_____	_____	_____	_____
_____	_____	_____	_____
Legal Address			Office use only

City / State / Zip			

Mailing Address (if different from above)			

City / State / Zip			

<input type="checkbox"/> Male <input type="checkbox"/> Female		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			
_____	_____	_____	_____
_____	_____	_____	_____
Address (if different from you)			

City / State / Zip			

Occupation		Firm Name	
_____		_____	
Mother's / Guardian's Name			
_____	_____	_____	_____
_____	_____	_____	_____
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: <input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr <input type="checkbox"/> Sr. <input type="checkbox"/> Grad. School <input type="checkbox"/> Other			

1 st Generation College Student <input type="checkbox"/> Yes <input type="checkbox"/> No		21 st Century Scholar <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		_____	
Enrollment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other		Enrolled in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		_____	
1 st choice educational institution you plan to attend		Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____		_____	
2 nd choice educational institution you plan to attend		Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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.

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: Writing _____ Math _____ Critical Reading _____ 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

Application 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 **instruction 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.

Applicant's Name (please print)

Applicant's Signature

Date

Parent's Signature

Date

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.

Application deadline is March 15th 2010