

FULTON COUNTY  
COMMUNITY  
FOUNDATION  
A FUND AFFILIATE OF NICF

2010

Amanda Kay Ramsey 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](mailto:terri@nicf.org) [www.nicf.org](http://www.nicf.org)  
Corinne Becknell Lucas, Program/Scholarship Coordinator  
[corinne@nicf.org](mailto: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.

**Amanda Kay Ramsey Memorial Scholarship:** Amanda was a 1999 graduate of Rochester High School and a graduate of Indiana University Kokomo who lost her life to cystic fibrosis. Amanda benefited from scholarships and it was her wish to create a scholarship that would help other students as well.

### **Eligibility Requirements**

Residents of Fulton County who are either graduating seniors of any Fulton County High School or non-traditional student. Must participate in community and school activities and have a C or above GPA. Preference is given as follows:

1. First preference is given to a student who will be or who is majoring in radiology therapy.
2. Second preference to a student who will be or who is majoring in respiratory or cardiopulmonary therapy.
3. Third preference will be given to a student who will be or who is majoring in nursing.

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

- Application Information Part A
- Application Information Part B
- Academic Certification Form
- Application Signature Page
- Essay Question:
  - 100 word essay on why are you planning a carrier in your field of study?
- Official school transcript
  - Non-traditional students, who have not entered college, must attach an official copy of their high school transcript.
  - Non-traditional students already in college must attach a copy of their most recent official college transcript.

### **Instructions for completing the application**

- Application Deadline is 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.

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.

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 46978  
Phone: 574.223.2227  
Fax: 574.224.3709  
Cell phone: 574.835.4101  
email: corinne@nicf.org

# Application Information Part A

Name _____				Office use only
First	Middle	Last		
Legal Address _____				
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 _____				
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: <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 <sup>st</sup> Generation College Student <input type="checkbox"/> Yes <input type="checkbox"/> No		21 <sup>st</sup> 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 <sup>st</sup> choice educational institution you plan to attend _____		Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2 <sup>nd</sup> 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				



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: 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.

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Applicant's Name (please print)

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Applicant's Signature

Date

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