

# PAM COCKCROFT MEMORIAL SCHOLARSHIP

This \$500 scholarship will be awarded in memory of Pam Cockcroft to a high school or a post-graduate of Paris Cooperative High School planning to further his/her education in any recognized 4-year college or university.

The primary eligibility will be based upon **financial need**. Other criteria for selection will involve:

## Check List

- 1. GPA
- 2. ACT or SAT scores
- 3. Extracurricular activities
- 4. Household demographics
- 5. Future plans essay
- 6. Recommendations
  - Two Teachers
  - Two Community

The selection will be articulated by a committee authorized by the Edgar County Community Foundation Scholarship Coordinator. This committee may be comprised of teachers, community, church or professional leaders dedicated to the enrichment of education. The committee may be comprised of 3, 5, or 7 members with no family members or relatives involved in the selection process.

Submissions must be sent to:

Paris Cooperative High School Guidance Office  
c/o Cyndi Patrick, Scholarship Coordinator for  
the Edgar County Community Foundation, Inc.

**For questions regarding this award, call Cyndi Patrick, 217-465-2003**

**In the event that the recipient receives a full-ride scholarship from another source, this scholarship award will be deemed null and void.**

# PAM COCKCROFT MEMORIAL SCHOLARSHIP

Date \_\_\_\_\_ Gender \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Grade in School \_\_\_\_\_

**Please provide the following:**

	NAME	OCCUPATION	GROSS INCOME
Father:			
Mother:			

**Name of step-mother, step-father, and/or guardian if applies.**

\_\_\_\_\_

**How many brothers and sisters do you have?** \_\_\_\_\_

- A. How many are younger than you? \_\_\_\_\_
- B. How many are older than you? \_\_\_\_\_
- C. How many will be in high school this year? \_\_\_\_\_
- D. How many will be in college or trade school? \_\_\_\_\_

**Four-year post-secondary institution you will be attending:** \_\_\_\_\_

The scholarship will be issued to the institution of higher learning the award winner is attending. The monetary award may be applied to tuition, books, or required fees as directed by the institution.

I hereby apply for the above scholarship and certify that the information in this entire application is true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may cause this application to be void and any scholarship received to be rescinded.

\_\_\_\_\_  
**Applicant's signature**

I certify that the above confidential information is true, complete and correct to the best of my/our knowledge and belief. I understand that any misstatement by the undersigned could cause this application to be void and any scholarship received in reliance on this information will be rescinded. I give permission for the scholarship committee to access my student's school records regarding attendance and discipline.

\_\_\_\_\_  
**Applicant's parent or guardian signature**

# PAM COCKCROFT MEMORIAL SCHOLARSHIP

**Office Use Only**

Current GPA \_\_\_\_\_

ACT Score \_\_\_\_\_ or SAT Score \_\_\_\_\_

**Please attach a current high school transcript including first semester of senior year.**

**List three personal references and telephone numbers: (do not list family members)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Applicant's estimate of educational expenses for the school year including tuition, room and board, and other anticipated expenses.**

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**BRIEFLY explain your future plans. (One Paragraph Maximum)**

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