

2021 Edgar County Community Foundation Scholarships Application



The Edgar County Community Foundation offers a variety of scholarships to area students to help them further their post-secondary education. In order to be eligible for one these scholarships, applicants **MUST** complete the following items in the application process:

1. Go to edgarcountyfoundation.org/apply/scholarships and review the criteria for each scholarship you are interested in submitting an application.
2. A fully completed scholarship application.
3. Official current high school or college transcript (including 1st semester grades)
4. Two teacher and two community recommendations
5. Personal essay
6. Any other forms and evaluations based on scholarship requirements

It is the responsibility of the applicant to know and understand the criteria and requirements for each scholarship they are interested in applying. **If any part or item of the application process is missing or incomplete, that application will be considered ineligible. Therefore, it will not be considered for the selection process.** Completed applications must be submitted by **Friday, March 5, 2021 at 11:59 PM.** Applications or parts of applications received after this date and time will be considered ineligible and will not be reviewed.

The following items of the application must be completed, digitally scanned, and emailed to the email address ecfcscholarship@gmail.com

- The completed application
- Official high school or college transcripts
- Personal essay
- Other forms based on scholarship requirements

The two teacher and two community recommendation forms should be given to the evaluators along with an envelope. Evaluators will complete the evaluation form, seal it inside the envelope, and sign their name across the back of the envelope. The evaluators will then return the envelope with the form to the applicant, where the applicant will mail all of their evaluation forms to the following address:

Edgar County Community Foundation
PO Box 400
Paris, IL 61944

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

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Please mark the box for each scholarship for which you are applying. Any application not completed fully will not be considered in the scholarship process.

This application may be used for any of the following scholarships:

- | | |
|---|---|
| <input type="checkbox"/> 1544 th Memorial Scholarship | <input type="checkbox"/> Aaron J. Peel Memorial Fine Arts Scholarship |
| <input type="checkbox"/> Coach Wayne Berry, Jr. Scholarship | <input type="checkbox"/> CVJ Englum Vocational Scholarship |
| <input type="checkbox"/> Elizabeth Akerman Memorial Scholarship | <input type="checkbox"/> Heather Rigdon Memorial Scholarship |
| <input type="checkbox"/> James D. Keller Memorial Nursing Scholarship | <input type="checkbox"/> John Crook Culinary Arts Scholarship |
| <input type="checkbox"/> Joseph & Dorothy Archer Scholarship | <input type="checkbox"/> Josh D. Andrews Memorial Scholarship |
| <input type="checkbox"/> Kale Brinkley Athletic Scholarship | <input type="checkbox"/> Kevin Allen Craig Memorial Scholarship |
| <input type="checkbox"/> Kiwanis Early Riser Scholarship | <input type="checkbox"/> Martha Wilkins Fancher Nursing Scholarship |
| <input type="checkbox"/> Pam Cockcroft Memorial Scholarship | <input type="checkbox"/> Ron Doris Memorial Scholarship |
| <input type="checkbox"/> Tanner Laughlin Performing Arts Scholarship | <input type="checkbox"/> Tom Hebermehl Vocational School Scholarship |
| <input type="checkbox"/> William and Martha Wilkins Fancher Scholarship | <input type="checkbox"/> William D. Ingram Memorial Scholarship |

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Name _____

Email _____ Gender _____ Phone _____

Address _____

Date of Birth _____ Present Grade in School _____

Please provide the following:

	NAME	OCCUPATION	GROSS INCOME
Father:			
Mother:			

Stepfather *		Stepmother *	
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* = if applicable

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? _____

Post-secondary institution you will be attending: _____

Planned area of study: Major: _____

Minor: _____

Have you been an Illinois State Scholar? Yes _____ No _____

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

Name	Phone
1. _____	_____
2. _____	_____
3. _____	_____

Applicant's estimate of educational expenses for the school year:

Books: _____

Tuition: _____

Other Fees: _____

Any other expense, please explain:

Special recognitions, honors, or awards you have received:

Personal Essay

A MAXIMUM, one-page, double spaced essay on the following prompt:

Explain what skills and experiences you have that has made you want to apply for this scholarship, and how those skills and experience will help shape your future plans.

**** (The essay prompt for those applying for the James D. Keller Memorial Nursing) ****

What being a nurse means to me?

[illegible]

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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.

Furthermore, if selected for a scholarship, I understand and agree that:

1. 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 other required fees as directed by the institution.
2. Any false or misleading statement may cause this application to be void and any scholarship received to be rescinded.
3. At the end of every grading period, I will furnish, or cause to be furnished, to the Edgar County Community Foundation, a verified report of transcript of courses I have completed.
4. I will notify the Edgar County Community Foundation of any change of address or name. Failure to notify the foundation could affect any scholarship awards.
5. I must be enrolled as a full-time student (minimum of 12 credit hours per semester) in order to be eligible for any scholarships. If I am no longer enrolled at the institution after the scholarship has been disbursed, any unused portion of the scholarship will be returned to the respective scholarship fund.
6. In the event that the recipient receives a full-ride scholarship from another source, this scholarship award will be deemed **null and void**.
7. The scholarship committee will have access to my school records regarding attendance and discipline.
8. I will submit a card of thanks to the donor (s) of the scholarship that I was awarded.

Applicant's signature

Date

Applicant's parent or guardian signature

Date

Submissions must be emailed to:

eccfscholarship@gmail.com

For questions regarding these scholarships, contact Melanie Ogle (217)-251-9127