

2024 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 of these scholarships, applicants must meet the criteria for each scholarship and submit a completed application along with any other required forms.

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 8, 2024, at 11:59 PM.** Applications or parts of applications received after this date and time will be considered ineligible and will not be reviewed.

Application Process

1. Go to edgarcountycityfoundation.org/apply/scholarships and review the criteria for each scholarship
2. Download the scholarship application from the above website
3. Request a digital copy/file of your high school & college transcripts (if a current college student)
*** transcripts **MUST** include 1st semester grades of current school year***
4. Request a digital file report of your SAT or ACT scores, if it is not on your transcripts.

Submitting Process

1. We recommend using the website **DocHub.com** to fill out, sign, and submit your application. (the application **MUST** include your personal essay(s) and your list of activities/volunteering)
2. Submit your completed application (using DocHub.com) to the following email address:
eccfscholarship@gmail.com.
3. Email your digital transcript(s) file and SAT or ACT scores report to **eccfscholarship@gmail.com.**
* If your SAT/ACT scores are on your transcripts, you will not need to send a separate report.
4. Scholarship with a financial need requirement **MUST** include your parent's 2021 or 2022 federal income tax return showing ADJUSTED GROSS INCOME to be considered. Digitally scan that part of their tax return and email them to **eccfscholarship@gmail.com**. If the scholarships you are applying for, **do not** have a financial need requirement, then federal income tax returns are not required.

If you have any questions about this process, please email the above email address or contact our scholarship coordinator, Melanie Ogle at (217)-251-9127.

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 in full will not be considered in the scholarship process.

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

- | | |
|--|--|
| <input type="checkbox"/> 1544 th Shawna Morrison Memorial Scholarship | <input type="checkbox"/> Aaron J. Peel Memorial Fine Arts Scholarship |
| <input type="checkbox"/> Allen Hornbrook Memorial FFA Scholarship * | <input type="checkbox"/> Betty Johnson Women in Agriculture Scholarship * |
| <input type="checkbox"/> Brian Evans Cooper and Family 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"/> Indiana State University Social Work Scholarship |
| <input type="checkbox"/> James D. Keller Memorial Nursing Scholarship * | <input type="checkbox"/> John Crook Family & Consumer Science Scholarship |
| <input type="checkbox"/> John Hixon Memorial 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"/> Morrissey Family Scientific Careers Scholarship * |
| <input type="checkbox"/> Olan & Ann Hanner Scholarship * | <input type="checkbox"/> Pam Cockcroft Memorial Scholarship * |
| <input type="checkbox"/> Paris Police Association Scholarship | <input type="checkbox"/> Ron Doris Memorial Scholarship * |
| <input type="checkbox"/> Tom Hebermehl Vocational School Scholarship * | <input type="checkbox"/> VFW Post 3601 Veteran's Scholarship |
| <input type="checkbox"/> William & Martha Wilkins Fancher Scholarship | <input type="checkbox"/> William D. Ingram Memorial Scholarship * |

*** = has financial need requirement, thus will require federal income tax return submitted to be considered**

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General Information

Name _____ Gender _____
Email _____ High School _____
Address _____
Phone # _____ Present Grade in School _____

Demographics

	NAME	OCCUPATION
Father:		
Mother:		

Stepfather *	
Stepmother*	

* = 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? _____

References

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

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

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Educational Plans

Post-secondary institution you will be attending: _____

Planned area of study: Major: _____

Minor: _____

Educational Expenses Estimate

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

Books: _____

Tuition: _____

Room & Board: _____

Other Fees: _____

Any other expense, please explain:

Work Experience

Excluding the co-op program through your high school, did
you work at a job during any of your high school years?

Yes

☐

No

☐

Approximately, how hours a week did you work during the school year? _____

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Special Recognitions

List any special recognitions, honors, or awards you have received:

<u>Freshman Year</u>	<u>Junior Year</u>
<u>Sophomore Year</u>	<u>Senior Year</u>

Have you been an Illinois State Scholar?

Yes

☐

No

☐

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Extra-Curricular and Volunteering Activities

List all activities you have been involved in throughout your high school career:

Extra-Curricular Activities	
<u>Freshman Year</u>	<u>Junior Year</u>
<u>Sophomore Year</u>	<u>Senior Year</u>

Volunteering	
<u>Freshman Year</u>	<u>Junior Year</u>
<u>Sophomore Year</u>	<u>Senior Year</u>

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***** Aaron J. Peel Memorial Fine Arts Scholarship only*****

***** Applicants not applying for this scholarship may leave this page empty*****

List the Drama productions and the roles you held in each production while at Paris High School.

[illegible]

***** Allen Hornbrook Memorial FFA Scholarship only*****

***** Applicants not applying for this scholarship may leave this page empty*****

List the Paris FFA activities you have been involved in while at Paris High School.

[illegible]

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Personal Question Prompts

Please answer the following three questions with a well-developed paragraph for each question.

Applicants **must** use the provided spaces below for their answers.

1.) **Why have you chosen your field of study?**

2.) **Why did you select your respective school?**

3.) **What experiences and skills do you possess that influenced your decision?**

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The evaluation forms below are a required component for the Kale Brinkley Athletic Scholarship. Please print the next 2 pages and give them to the appropriate evaluator **only if you are applying for the Kale Brinkley Athletic Scholarship**. If you are not applying for the Kale Brinkley Athletic Scholarship, you may ignore the next 2 pages.

The first evaluation form must be filled out by your high school football or basketball coach. The second form must be from a non-family community leader.

In addition to the evaluation forms, you also need to provide a stamped, addressed envelope to the evaluators for them to mail the evaluation form to the foundation once they have finished. The address on the envelope should be:

**Edgar County Community Foundation
PO Box 400
Paris, IL 61944**

We recommend that you complete this step early in the scholarship process. These evaluation forms can be submitted before you submit the application as we will hold onto them and add to your application once we receive it.

If you have any questions about this process, please email eccfscholarship@gmail.com. or contact our scholarship coordinator, **Melanie Ogle at (217)-251-9127**.

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*****For Kale Brinkley Athletic Scholarship Only*****

GOOD SPORTSMANSHIP AND ATHLETICISM REFERENCE

Reference from a coach (Not a family member)

Student Name: _____

Coach's Name: _____

Coach of this student (check all that apply): _____ Football _____ Basketball

Has the student been in this sport(s) the full 2023-2024 season? _____ Yes _____ No

Please rate the applicant in the following areas by circling the appropriate number. If you are unable to provide information on a specific area, please leave it blank.

1 = poor	2 = below average	3 = average	4 = above average	5 = superior
Leadership	1 2 3 4 5		Emotional Stability	1 2 3 4 5
Responsibility/Reliability	1 2 3 4 5		Integrity/Honesty	1 2 3 4 5
Good Sportsmanship	1 2 3 4 5		Common Sense/Judgement	1 2 3 4 5
Athleticism	1 2 3 4 5		Self-Image	1 2 3 4 5
Moral Character	1 2 3 4 5		Concern for Others	1 2 3 4 5
Personal Initiative	1 2 3 4 5		Team Player	1 2 3 4 5
Respect for Authority	1 2 3 4 5		Social Skills	1 2 3 4 5

Please comment as to how this student demonstrated the qualities of good sportsmanship, athleticism, and personal character on the court and/or field. (May use additional sheets if necessary.)

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*****For Kale Brinkley Athletic Scholarship Only*****

GOOD SPORTSMANSHIP AND ATHLETICISM REFERENCE

Reference from a church or community leader (for example). Cannot be a family member

Student Name: _____

Your Name: _____

Occupation: _____

City: _____ **State:** _____ **Zip:** _____

Please rate the applicant in the following areas by circling the appropriate number. If you are unable to provide information on a specific area, please leave it blank.

1 = poor	2 = below average					3 = average	4 = above average					5 = superior				
Leadership	1	2	3	4	5		Emotional Stability	1	2	3	4	5				
Responsibility/Reliability	1	2	3	4	5		Integrity/Honesty	1	2	3	4	5				
Moral Character	1	2	3	4	5		Common Sense/Judgement	1	2	3	4	5				
Personal Initiative	1	2	3	4	5		Self-Image	1	2	3	4	5				
Respect for Authority	1	2	3	4	5		Concern for Others	1	2	3	4	5				
Social Skills	1	2	3	4	5											

How long have you known the applicant? _____

What is your relationship to the applicant? (i.e., teacher, pastor, mentor, supervisor, etc.)

Add any comments that would describe the ways in which this applicant has demonstrated personal character, and a willingness to serve and help those around him. (May use additional sheets if necessary).

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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

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

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