**JOE CORBIN MEMORIAL SCHOLARSHIP**

**APPLICATION**

SUPPORTED BY JOE CORBIN MEMORIAL SCHOLARSHIP FUND

ELIGIBILITY REQUIREMENT

* Child of attendee(s) of the former Lincoln High School graduating from high school

AWARD AMOUNT: $500

CRITERIA FOR SCHOLARSHIP SELECTION

* See above requirement

*Your completed application with all required documents must be received at the Community Foundation at scholarships@gcrcf.org, by 4:30 pm on Thursday, February 15, 2024.*

SECTION 1: APPLICANT INFORMATION

Please write legibly:

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (prefer non-school if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student cell phone: Parent phone:

SECTION 2: ACADEMIC INFORMATION

High school: Graduation Date:

Counselor’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor’s email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Grade Point Average: Rank in Class: out of a class of: \_\_\_\_\_\_\_\_

College planning to attend: Planned major field of study:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



SECTION 3: FAMILY INFORMATION

Parent/guardian 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 1 occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 1 employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 2 occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 2 employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of siblings currently attending college:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By submitting this application, I certify that the information contained therein is true and complete to the best of my knowledge and understand that false information or omission of data may result in denial of my application. I understand that the information submitted will be considered confidential in review by the Greater Cedar Rapids Community Foundation and members of the Scholarship Advisory Committee. *If chosen for a Community Foundation scholarship award, I agree to complete the Scholarship Recipient’s Agreement Form and return it to the Community Foundation office. I understand that if I do not return a completed agreement, my scholarship funds will be awarded to the selected alternate.*I also agree that my name can be used in announcements made by the Community Foundation regarding the particular scholarship(s) for any scholarship that I may be awarded.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description automatically generated with medium confidence

SECTION 4: SCHOOL & VOLUNTEER ACTIVITIES

On separate page(s) include the following information for both school and volunteer activities in which you have participated:

* Organization
* Start date
* End date
* Role

SECTION 5: WORK/BUSINESS EXPERIENCE

On separate page(s) include the following information for work/business activities in which you have participated:

* Organization
* Start date
* End date
* Role

SECTION 6: PERSONAL ESSAY

On separate page(s) include a brief essay (200-300 words) describing yourself, including personal aspirations, educational and career goals.

SECTION 7: REQUIRED DOCUMENTS

Include the following with your application:

* Academic transcript
* Academic letter of reference (Letter from teacher, counselor, administrator, etc)
* Non-academic letter of reference (Letter from employer, volunteer supervisor, etc)

Please be careful to ascertain that you meet the eligibility requirements and criteria for the scholarship(s) for which you are applying and to include all required information with your application.

*Your completed application with all required documents must be received at the Community Foundation at scholarships@gcrcf.org, by 4:30 pm on Thursday, February 15, 2024.*

