

RENEWAL

Mission

We seek to provide financial and other support to recognize the commitment, efforts, and financial challenges of adults as they balance their family, work, and school responsibilities in order to achieve their educational goals.

Our Non-traditional Student

You may identify as a Non-traditional Student if you meet one or more of the following:

- Are over the age of 24,
- Are married, separated, divorced, partnered,
- Work full-time or part-time,
- Have dependents (usually children but sometimes others to support),
- Are returning to or starting college after a break,
- Are changing careers,
- Are a veteran of the armed forces or currently serving on active duty for purposes other than training.

Applicant Eligibility

You are eligible if you can identify with one or more of the above and all of the below:

- Are a resident of St. Joseph County, IN and
- Are a U.S. citizen or have proof of pending naturalization and
- Have graduated from high school/homeschool or have a GED and
- Are enrolled in a minimum of 6 credit hours per semester or have been accepted to a degree program or vocational skills training program and
- Have completed the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov and demonstrate financial need.

Required Documents

- A copy of your (SAR) Student Aid Report that displays your (EFC) Expected Family Contribution. You will receive this after completing the (FAFSA) Free application for Federal Student Aid at www.fafsa.ed.gov
- Provide your schedule for the semester you are requesting a scholarship.
- A current transcript or grade report from your most recent semester/term(s).
- Copy of your most recent financial aid notification from your school.
- Anticipated tuition for the semester that you are applying.
- Self-Description letter; A brief letter updating us about you.

Application Submission & Deadline

- Photo copy materials submitted to keep for your records.
- Assemble all required documents in a 9 x 12 envelope.
- **Mail to:** The Scholarship Foundation of St. Joseph County, Inc., 3515 N. Main St., Suite C, Mishawaka, IN 46545
- Scholarship Deadline for Fall Semester 2019 - August 1, 2019
- Scholarship Deadline for Spring Semester 2020- December 1, 2019
- Scholarship Deadline for Summer Semester 2020 - April 15, 2020

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Applicant Information

Name _____
Last First Middle

Applicant Mailing Address _____

City _____ Zip _____ County _____

Home Phone _____ Cell Phone _____

E-mail address _____ Birth Date _____

U.S. Citizen ___ Yes ___ No Marital Status _____ Number of Dependents you support _____

How are they related to you (children, spouse, parents, etc.)

Are you Employed ___ Yes ___ No ___ Full time ___ Part- time Hours per week _____

Name of Your Employer _____

Veteran of Armed Forces ___ Yes ___ No Branch _____ Discharge Date _____

Currently serving on active duty ___ Yes ___ No If yes, explain _____

Academic Information

School attending or will be attending _____

Degree, certificate or course of study you will be pursuing _____

Number of completed credit hours _____

Enrollment Status ___ Full time ___ Part- time ___ Anticipated Credit Hours per Semester

Expected Completion Date _____

Did you include your most recent transcript or grade report? ___ Yes ___ No

Provide your schedule for the semester you are requesting a scholarship.

___ Reapplying for Fall Semester 2019 – August 1, 2019 deadline

___ Reapplying for Spring Semester 2020 – December 1, 2019 deadline

___ Reapplying for Summer Semester 2019 – April 15, 2020 deadline

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Financial Information

Required Document: A copy of your (SAR) Student Aid Report that displays your (EFC) Estimated Family Contribution.

Include a copy with this application. (See page 1)

What is your anticipated tuition for the semester you are applying? _____

Have you received a financial aid notification letter from your school? ___Yes ___No If yes, please include a copy.

Are you or will you receive tuition assistance or reimbursement from your employer? ___Yes ___No

Are you or will you receive tuition assistance or reimbursement from the VA? ___Yes ___No

List other scholarships and/or grants you will be receiving.

_____	_____
Name of scholarship/grant	Amount
_____	_____
Name of scholarship/grant	Amount
_____	_____
Name of scholarship/grant	Amount

Self-Description

Please provide a brief summary updating us on your situation at this time.

Agreement

- The Scholarship Foundation uses name, images, voice or video recorded images from our events for communications to the community and on our website. Do you authorize use of your name, image, voice or video recorded image? ___Yes ___No
- I certify that all the information provided in this application is complete and accurate to the best of my knowledge.

Signature of Applicant

Date