

## 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](http://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](http://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 which includes your gpa.**
- 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 2022 - August 1, 2022
- Scholarship Deadline for Spring Semester 2023- December 1, 2022
- Scholarship Deadline for Summer Semester 2023 - May 1, 2023

**RENEWAL**  
**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 2021 – August 1, 2021 deadline

\_\_\_ Reapplying for Spring Semester 2022 – December 1, 2021 deadline

\_\_\_ Reapplying for Summer Semester 2022 – May 1, 2022 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