≝ Scholarship Foundation

of St. Joseph County, Inc. 3515 N Main Street, Suite C Mishawaka, IN 46545 (574)259-0522 FAX: (574)259-0533 www.scholarshipfoundation.org

2023-2024

RENEWAL APPLICATION

APPLICANT ELIGIBILITY REQUIREMENTS

- non-married resident of St. Joseph County who is not financially or legally responsible for any dependents,
- a citizen of the U.S. or have proof of pending naturalization,
- planning to attend a properly accredited undergraduate institution full time
- demonstrated need for financial assistance to attend college,
- meet the Foundation guidelines for cumulative GPA by the end of the fall semester. Renewal or continuation of the scholarship is based on your fall semester cumulative grades. rising Sophomore 2.5 C+ rising Junior 2.75 B- rising Senior 3.0 B

SCHOLARSHIP APPLICATION INSTRUCTIONS

Student is applying for a one-year renewable scholarship based on academic achievement and on need. Award amounts vary. Renewal is not guaranteed; you must reapply each year. Submit all required materials by February 1, 2023 to your mentor. On our website you can fill out application and print. Mail with required documents.

Required Documents

In order for this application to be processed you must submit the following:

- ____The completed application
- ___Transcript or current grade record
- ___Financial aid decision letter from your college or university
- ___Completed the CSS Profile application (see below)

Required Financial Aid Forms

***By February 1st

Complete the CSS Profile Application via the College Board website at https://cssprofile.collegeboard.org The code number for The Scholarship Foundation of St. Joseph County, Inc. is **0619**.

Application Submission

- ___Photocopy materials submitted for your records
- ___Do not fold or staple application.

Mail renewal scholarship application to your Foundation Mentor by February 1, 2023.

-1-

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2023-2024

RENEWAL

Application Deadline Februay 1, 2023 (to your Foundation Mentor)

All information will be treated as confidential.

Last Name	First Name M			iddle Name		
Home Address			City			Zip
County		Phone (He	ome)	Phone (Ce	ell)	
E-mail address				Birth Date (m	m,dd,yyyy)
College Attending						
Present Class Standing	Freshman		Sophomore	Junior		
What is your declared major?						
Your Campus Address						
City			State		Zip	
Do you anticipate continuing y	our educati	on at the s	ame school you j	presently attend?	Yes	No
If no, to which school will you	be transferr	ring?				

- The Scholarship Foundation of St. Joseph County, Inc. (Renewal 2023-24)

2022-23 Resources & Expenses

1) Attach a copy of your most recent financial aid decision letter from your college or university.

2) Did you receive any private scholarships that are not listed in your financial aid decision? If yes, list the name, amount and whether the scholarship will be renewed.

	Amount	Renewable	Yes	No		
	Amount	Renewable	Yes	No		
	Amount	Renewable	Yes	No		
3) Provide the following information about your 2022-23 expenses:						
Actual Tuition & Fees		Transportation				
Actual Room & Board		Personal Expenses	S			
Cost of Books & Supplies	of Books & Supplies					

- 4) Do you have any other expense of which you would like to make us aware?
- 5) If your expenses exceeded your financial aid, how did you pay the difference?
- 6) Total loans **you** the **student** has borrowed including 2022-23.

2023-24 Resources & Expenses

- 1) What are your plans for this summer?
- Do you anticipate your eligibility for financial aid will change significantly from the aid you received in 2022-23?
 Yes No

If yes, how will it change? Explain below:

Optional Special Circumstances: Please describe any special circumstances you or your family are experiencing.

2023-2024 Renewal

Required Documents

Financial Aid Decison

1) Attach a copy of your most recent financial aid decision letter from your college or university.

<u>Transcript</u>

2) Transcript or current grade record must show university name, student name, school assigned ID, semester and cumulative GPA

Optional: The Foundation is interested in learning our students achievements, honors, etc. Please share those accomplishments in a brief statement.

CSS Profile (Required)

I submitted the CSS Profile Application and included the Scholarship Foundation's **CODE NUMBER 0619** on

- The Scholarship Foundation often forwards applications to other area scholarship programs. Do you authorize us to share the information contained in this application with other scholarship programs?
 - Yes No

date

• 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?

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SIGN THIS STATEMENT

We certify that all of the information reported on this statement, and all other documents, which we submitted to qualify for federal, state and institutional financial assistance is true and complete to the best of our knowledge.

The student and at least one parent or guardian <u>must</u> sign below.

Signature of Student			Date			
Signature of Parent/Guardian			Date			
Signature of Parent/Guardian			Date			
			BY THE FOUNDATION MENTOR	****	***	
Received Transcript/Current Grades	Yes	No	Received Financial Aid Decision Letter	Yes	No	
Is there any reason the Awards Comm	ittee shou	uld not re	enew this scholarship? Yes No			
If yes, please explain:						

Foundation Mentor Signature