

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 any one of the following:

- Are over the age of 18,
- 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

- Provide 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.
- **Provide a current transcript or grade report from your most recent semester which includes your gpa.**
If this is your first semester since high school provide us with your high school transcript or GED score.
- Copy of your most recent financial aid notification from your school.
- Anticipated tuition for the semester that you are applying.
- Self-Description letter: In a brief letter tell us about yourself.
- Reference Form: Have one person who is not related to you complete the reference form you received with this application. Please use the form and do not submit reference letters.

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 2023 – August 1, 2023
- Scholarship Deadline for Spring Semester 2024 – December 1, 2023
- Scholarship Deadline for Summer Semester 2024 – May 1, 2024

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

High School Attended _____ Graduation/GED Completion Date _____

High School, City /State _____

If this is your first semester since high school did you include your high school transcript or GED Score? ____ Yes ____ No

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 _____

If you are in college did you include your most recent transcript or grade report? ____ Yes ____ No

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

____ Applying for Fall Semester 2023 – August 1, 2023 deadline
____ Applying for Spring Semester 2024 – December 1, 2023 deadline
____ Applying for Summer Semester 2024 – May 1, 2024 deadline

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

Tell us about yourself. Please provide a brief summary of anything that will provide a more complete picture of you including your personal, educational and career goals. Things to consider:

- ~ What is your motivation for continued study and how will it impact your life?
- ~ Do you plan to work while you are in school?
- ~ What are the most significant barriers you face and do you have a plan for overcoming those barriers?

References

Ask one person who is not related to you to complete the Reference Form. The Reference Form should be included with your application and must be in a sealed envelope which includes their signature on the envelope seal. Use the Reference Form and do not submit reference letters.

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

Reference Form

(Complete both pages and attach additional sheets if necessary.)

For: _____
 Applicant Name

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, teacher, counselor, etc.)

2. Rate this applicant in the following areas, based upon your knowledge of their achievements and strengths. Please check the appropriate box.

	Strongly Disagree	Mostly Disagree	Somewhat Agree	Mostly Agree	Strongly Agree	Don't Know
A. The applicant has clear goals						
B. The applicant is motivated to reach these goals.						
C. The applicant has demonstrated they are responsible						
D. The applicant would be an inspiration to others.						

3. Tell us what you believe to be the applicant's particular strengths in their personal, educational or professional life. If possible, give specific examples.

Reference Form

(Complete both pages and attach additional sheets if necessary.)

4. What is your knowledge of the applicant's educational goals and their progress toward achieving these goals? Consider any barriers or difficulties they have overcome and their reaction to setbacks.

5. Is there any additional information we should know about this applicant?

Completed by: (give completed reference form to the applicant in a sealed envelope with your signature on the envelope seal)

Name: _____ Date: _____

Organization: _____ Title: _____

Address: _____

Phone: _____ Email: _____