



2014 Common Scholarship Application Content

APPLICANT INFORMATION

Full Legal Name

Home/Primary Street Address, City, State, Zip Code, County

Home/Primary Mailing Address (If Post Office Box)

Home Telephone Number

Mobile Telephone Number

Email Address

Date of Birth (MM/DD/YY)

Are you a US Citizen? Yes, No

Last 4 Digits of Social Security Number

Gender: Male, Female

Marital Status: Single, Married

Race/Ethnicity: African/African-American, Asian/Asian-American, Caucasian, Hispanic, Latino, Mexican-American, Native American, Pacific Islander, Other, Decline to Answer

Current Student Status: High School Senior, College Freshman, College Sophomore, College Junior, College Senior, Graduate Student, Doctorate Student, Returning College Student

First Generation College Student: Yes, No

Are you enrolled in the 21st Century Scholar Program?: Yes, No

HIGH SCHOOL INFORMATION

High School Attended

High School Located: County

High School Graduation Date (MM/YY)

Years Attended: Freshman, Sophomore, Junior, Senior

Type of Diploma: Core 40 with Academic Honors, Core 40 with Technical Honors, Core 40, International Baccalaureate, Other (Specify)

High School Class Rank

Total Class Size

Unweighted GPA on 4.0 Scale

Weighted GPA

Current High School Seniors ONLY

Enrolled in dual-credit courses with an accredited college or university? Yes, No

If "Yes", specify name of college or university

Provide contact information for high school registrar/guidance counselor. An electronic transcript and standardized testing score report request will be sent.

First and Last Name Title
School Email Address

COLLEGE/UNIVERSITY INFORMATION

Degree Sought: Certificate, Associate, Bachelor, Graduate, Doctorate

Enrollment Status: Full-Time Student, Part-Time Student

Major Area of Study Minor Area of Study

Career Objective (*Short Answer Max 35 Words*)

Expected College/University Graduation Date (MM/YY)

Current High School Seniors & Returning College/University Students

First Choice College or University (must have already applied or be enrolled)

City, State

Application Status: Pending, Accepted

Student Housing Status: On Campus, Off Campus, Commute

Will you have a vehicle on campus? Yes, No

Will you receive a scholarship from this college/university? Yes, No

Amount of scholarship award

Estimated Annual College/University Expenses: Tuition, Fees/Books, Room/Board

Second Choice College or University (must have already applied) – Questions above repeated

Third Choice College or University (must have already applied) – Questions above repeated

Current College/University Students & Returning Students*

**Returning students having previously earned college credits will be requested to upload transcript and provide GPA.*

College or University Attending (must have already be enrolled)

City, State

Student Housing Status: On Campus, Off Campus, Commute

Do you have a vehicle on campus? Yes, No

Will you receive a scholarship from this college/university? Yes, No

Amount of scholarship award

Estimated Annual College/University Expenses: Tuition, Fees/Books, Room/Board

Will you have completed at least one full-time year of credits before Fall 2014: Yes, No

Academic Transcript: Upload File (.pdf file)

An "official" transcript is not required. Transcript should include Fall 2013 final grades and Spring 2014 courses in progress.

Fall 2014 Course Schedule: Upload File (.pdf file)

If you have already registered for your Fall 2014 courses, provide this information. If you have not yet registered, your application will not be eliminated from consideration if this information is not provided. If your Fall 2014 courses are included on the academic transcript provided, you do not need to attach an additional file.

Cumulative GPA on 4.0 Scale (at conclusion of last completed semester)

HOUSEHOLD INFORMATION

Household Circumstances (Select ALL that apply): Father Deceased, Mother Deceased, Parents Separated/Divorced, Single Parent Household, Married Student, Independent or Emancipated Minor

Are you a dependent or independent student? Dependent/Independent

Dependent Student: Claimed by parent(s), guardian(s), or other persons as a dependent on income tax returns.

Independent Student: One or more of the following apply: 1) you were born prior to 1/1/1990 ; 2) you are married; 3) you are attending/enrolling in a graduate or professional school (not undergraduate); 4) you are currently serving on active duty or are a veteran of the U.S. Armed Forces; 5) you have legal dependents for whom you provide more than half the financial support; 6) at any time since you turned age 13, both of your parents are deceased, or you were in foster care or you were a dependent/ward of the court; 7) you have been emancipated by the court or have a legal guardian other than a biological parent immediately before turning 18.

Are you an independent or emancipated minor? Yes, No

If "Yes", provide documentation of your independent status: Upload file (.pdf file)

This may be a legal document or a statement from a school official or social service agency that can verify your status.

Dependent Students:

Total Number of Siblings Total Number of Siblings Ages 0-17

Total Number of Dependent Siblings Living at Home (including applicant)

Total Number of Siblings Currently Attending College (including applicant)

Independent Students:

Number of Children Number of Children Claimed as Dependents

Primary Residence* (Select ALL that apply): Father, Mother, Step-Father, Step-Mother, Legal Guardian(s), Foster Parent(s), Spouse, Self, Other

**This is the household in which you reside where your parent/guardian has primary legal custody and/or has claimed you as a dependent on their most recently filed federal income tax return.*

Primary Residence Guardian 1 Relationship: Father, Mother, Step-Father, Step-Mother, Legal Guardian, Foster Parent, Spouse, Self, Other

First and Last Name Email Address Mobile Telephone

Employer Occupation/Job Title

Primary Residence Guardian 2 Relationship: Father, Mother, Step-Father, Step-Mother, Legal Guardian, Foster Parent, Spouse, Self, Other

First and Last Name Email Address Mobile Telephone

Employer Occupation/Job Title

Secondary Residence: (Select ALL that apply): Father, Mother, Step-Father, Step-Mother, Legal Guardian(s), Foster Parent(s), Spouse, Self, Other

Home/Primary Street Address, City, State, Zip Code Home Telephone Number

Secondary Residence Guardian 1 Relationship: Father, Mother, Step-Father, Step-Mother, Legal Guardian, Foster Parent, Spouse, Self, Other

First and Last Name Email Address Mobile Telephone

Employer Occupation/Job Title

Secondary Residence Guardian 2 Relationship: Father, Mother, Step-Father, Step-Mother, Legal Guardian, Foster Parent, Spouse, Self, Other

First and Last Name Email Address Mobile Telephone

Employer Occupation/Job Title

FINANCIAL INFORMATION

You must provide documentation of your Annual Family Income. Applicants are required to complete and provide results of the Indiana College Cost Estimator* and/or the Free Application for Federal Student Aid (FAFSA).

I have completed the Indiana College Cost Estimator: Yes, No

On the Indiana College Cost Estimator Report, what was the Expected Family Contribution (EFC) amount?

Indiana College Cost Estimator Report: Uploaded File (.pdf file)

I have completed the Free Application for Federal Student Aid (FAFSA): Yes, No

On the FAFSA Student Aid Report (SAR), what was the Expected Family Contribution (EFC) amount?

FAFSA Student Aid Report (SAR): Uploaded File (.pdf file)

Other Scholarships

Please list additional scholarships or financial assistance (not offered directly from you college or university) for which you have applied. (You will have the opportunity to include 10 scholarships.)

| | |
|---|--------------------|
| Scholarship Name | Amount Applied For |
| Award Status: Received, Denied, Unknown | Amount Received |

Special Financial Circumstances

Detail any special circumstances (past or future) that may affect your ability to pay college expenses: *(Short Answer Max 50 Words)*

ATHLETIC, EXTRA-CURRICULAR, COMMUNITY SERVICE, EMPLOYMENT HISTORY

Athletic Activities

List any athletic or sports activities you have participated in during high school and/or college. This includes manager positions. *(Max 10 Activities)*

| | |
|--|-----------------------------|
| Sport | School or Club/Organization |
| Hour Per Week Devoted to this Activity | Years Involved |
| Leadership Roles/Special Recognitions | |

Extra-Curricular/Community Service

List any extra-curricular activities, community service, or other volunteering in which you have been involved. *(Max 10 Activities)*

| | |
|--|-------------------|
| Activity | Club/Organization |
| Description of Activity/Service | |
| Hour Per Week Devoted to this Activity | Years Involved |
| Leadership Roles/Special Recognitions | |

Employment History

List any previous or current PAID work experience. *(Max 5 Positions)*

| | | |
|-------------------------------|--------------------|------------------|
| Employer | Position/Title | |
| Description of Work Performed | | |
| Hours Per Week | Start Date (MM/YY) | End Date (MM/YY) |

REFLECTIVE QUESTIONS *(Short Answer Max 200 Words)*

Why should the committee choose you and not someone else with similar grades, activities, and experiences? What makes you unique?

Explain why you chose your major field of study and career objective.

Describe a unique life experience that taught you something important.

APPLICATION CERTIFICATION

By entering my name below, I hereby affirm that the information provided on and through this form is accurate and complete to the best of my knowledge, and that I was the person who completed this application. I also understand that falsification of information contained in this application may result in termination of any scholarship award. I am aware that scholarships administered by Unity Foundation of La Porte County may only be used at certain educational institutions and that award payments will be made directly to such institutions. In addition, I am granting permission to Unity Foundation of La Porte County to share my data with members of the Scholarship Selection Committee.

Applicant Signature (Type Full Legal Name) Date (MM/DD/YY)