

# FOUNDATION FOR THE TRI-STATE COMMUNITY, INC.

## APPLICATION FOR 2017 SCHOLARSHIP

### THE MATTHEWS FAMILY SCHOLARSHIP FUND

For Official Use Only:

GPA: \_\_\_\_\_

ACT: \_\_\_\_\_

This scholarship provides assistance to students graduating from public and private schools in Boyd and Greenup Counties in Kentucky, Cabell and Wayne Counties in West Virginia or Lawrence County, Ohio. This scholarship is payable over two years, provided that the student maintains at least a 2.5 GPA in the first year of college/technical school.

Each scholarship recipient shall be chosen on the basis of application and subsequent acceptance and enrollment into a **nursing program** at a college or technical school; demonstrated financial need; solid academic performance; involvement in school and volunteer activities; and quality of essay and letters of recommendation.

**STUDENTS:** We consider it your responsibility to see that this information is complete in every detail and is in our hands on or before **March 17, 2017**.

You must see that the following material has been submitted:

1. **Application Form.** Please complete both pages, filling in all blanks, and return the completed application to the Foundation for the Tri-State Community, Inc.
2. **Transcript of Grades.** A transcript must accompany this application. The ACT and/or SAT score should be shown on the transcript. If you are currently attending college, a transcript of college grades should be included in addition to a high school transcript.
3. **Financial Form.** Please complete the attached financial form and submit with your application.
4. **Essay.** Please write a 500 word essay on your future goals and aspirations.

**Remember all information must be received by the Foundation by March 17, 2017 to be considered.**

#### I. GENERAL INFORMATION ABOUT THE APPLICANT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School attended during the current school year? \_\_\_\_\_

How long have you been a student at this school? \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent/Guardian address: \_\_\_\_\_

Are you currently employed?    Yes    No

Name of Employer: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address of Previous Employer: \_\_\_\_\_

**II. HIGH SCHOOL EDUCATION AND ACTIVITIES:** (If currently attending college, please list college activities as well.)

Anticipated date of High School graduation?	GPA:
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Activities/Organizations (School/Church/Civic) participated in during high school:


Honors/Awards received during high school:


**III. USE TO BE MADE OF SCHOLARSHIP?** (YOU MUST BE A FULL-TIME STUDENT)

Program of studies you plan to pursue:


Date of beginning and anticipated completion of degree:

Name of College or University you will attend:

Address of College or University you will attend:

**IV. REFERENCES:**

Please provide the names of two people, preferably teachers, ministers or former employers, whom you have asked to write letters of recommendation in support of your application. The letters are to be mailed directly to the Foundation for the Tri-State Community, Inc.. It is the responsibility of the applicant to make sure these letters are received by **March 17, 2017.**

1. Name:	Phone:
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Address:

Occupation:	Relationship to applicant:
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2. Name:	Phone:
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Address:

Occupation:	Relationship to applicant:
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Student's Signature \_\_\_\_\_

Date \_\_\_\_\_



# FINANCIAL INFORMATION FORM

**NOTE:** Please submit financial information for the previous calendar year.

1. Parents' taxable annual income (include both parents):

- Less than \$14,999
- \$15,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 or greater

Financial need is a criteria for this scholarship. If your income level is \$75,000 or greater, please indicate on a separate sheet an explanation, including any unusual circumstances, as to why you should be considered for this scholarship.

2. Student's gross annual income:

- Less than \$1,000
- \$1,000 - \$1,999
- \$2,000 - \$2,999
- \$3,000 - \$3,999
- \$4,000 or greater

3. Parents' total nontaxable annual income (Social security, child support, welfare benefits, workers compensation, earned income credit):

- Less than \$1,000
- \$1,000 - \$4,999
- \$5,000 - \$9,999
- \$10,000 - \$14,999
- \$15,000 or greater

4. Monthly mortgage payment:

- Not Applicable – we rent
- Less than \$500
- \$500 - \$999
- \$1,000 - \$1,499
- \$1,500 - \$1,999
- \$2,000 or greater

5. Total number of people in your household \_\_\_\_\_

Total number of children attending college during the 2016 – 2017 academic year? \_\_\_\_\_

Please list ages of all children in your family: \_\_\_\_\_

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6. Parents' marital status:  Single  Separated  Divorced  Widowed  Married

**ESTIMATED COLLEGE EXPENSES:**

Estimated total expenses for the coming year: (Please refer to the cost of attendance budget at your first choice school. The information should be available in the institution's publications, its website or from the financial aid office.)

- A. Tuition and fees: \_\_\_\_\_
- B. Room and board: \_\_\_\_\_
- C. Books: \_\_\_\_\_
- D. Personal/Other Expenses: \_\_\_\_\_
- Total Expenses:** \_\_\_\_\_

**INCOME:**

Total income available for coming year. List as many items as you can estimate at this time. If you have received a financial aid notice from your first choice school, you should refer to that.

- A. Income from outside job: \_\_\_\_\_
- B. Income from campus job: \_\_\_\_\_
- C. Student's Savings: \_\_\_\_\_
- D. Parents' Contribution: \_\_\_\_\_
- E. Scholarships: (please list amount, duration, and source):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. Loans: \_\_\_\_\_
- G. Gifts: \_\_\_\_\_
- H. Other Income: \_\_\_\_\_
- Total Income:** \_\_\_\_\_