

Foundation for the Tri-State Community, Inc.
The Matthews Family Scholarship
2019

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; and 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 (1) application and subsequent acceptance and enrollment into a nursing program at a college or technical school; (2) demonstrated financial need; (3) solid academic performance; (4) involvement in school and volunteer activities; and (5) 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 15, 2019. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. **Do not** repeat information already reported on the application form. Your name and address and the name of this scholarship program should be included on all attachments. If you need assistance, see your guidance counselor.

You must make certain that the following materials have been submitted:

- 1. Application Form:** Please complete all pages, filling in all blanks. Return the completed application to the Foundation for the Tri-State Community, Inc. Please **do not** use two-sided printing to print the application. Paperclip the form and attachments; **do not** staple.
- 2. Transcript of Grades:** Remind your counselor that a transcript must accompany this application. The ACT and/or SAT score should be shown on the transcript.
- 3. Essay:** Please write a 500-word essay on your future career goals and aspirations.
- 4. Financial Form:** Please complete the attached financial form and submit it with your application.
- 5. Applicant Appraisal:** The applicant appraisal is **required** and must be completed in the format provided. If incomplete, your application will not be evaluated. This section is to be completed by a high school counselor or advisor, an instructor or a work supervisor who knows you well.

APPLICANT DATA

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Email Address _____ Telephone _____

High School Currently Attending _____

PARENT OR GUARDIAN DATA

Last Name _____ First Name _____ Middle Initial _____

Relationship to Applicant _____ Day Telephone _____

POST-SECONDARY SCHOOL DATA

Please write below the name of the post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. **Do not** use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

- 4-year College or University
- Vocational/Technical School
- 2-year Community or Junior College

Major or Course of Study _____ Expected College Graduation Date _____

Degree Sought: Bachelor Associate Certificate Other _____

GOALS AND ASPIRATIONS

Make a brief statement or summary of your educational and career objectives and long-term goals.

WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and the approximate number of hours worked each week.

| Employer/Position | From Mo./Yr. | To Mo./Yr. | Hours per Week | Were you paid for your work? |
|-------------------|--------------|------------|----------------|------------------------------|
| | | | | Yes / No |
| | | | | Yes / No |
| | | | | Yes / No |

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the past four years (e.g., student government, music, sports). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. If necessary, attach an additional comment sheet.

| Activity | No. of Years Participated | Special Awards/Honors | Offices Held |
|----------|---------------------------|-----------------------|--------------|
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OTHER AWARDS

Please list the name and amount of any grants or scholarships you have been awarded.

| <u>Name of Award</u> | <u>School to Which Award Will Be Applied</u> | <u>Amount</u> | <u>Status</u> |
|----------------------|--|---------------|-------------------|
| _____ | _____ | \$ _____ | Granted / Pending |
| _____ | _____ | \$ _____ | Granted / Pending |
| _____ | _____ | \$ _____ | Granted / Pending |
| _____ | _____ | \$ _____ | Granted / Pending |
| _____ | _____ | \$ _____ | Granted / Pending |

FINANCIAL INFORMATION

The applicant's parents or guardians must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from the parents' or guardians' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

COLLEGE TUITION AND FEES:

Please provide an estimated total for the coming year. (Please refer to the cost of attendance budget at your first-choice school. This information should be available in the institution's publications, on its website or from its financial aid office.)

Tuition and Fees (Not Including Room and Board) \$ _____

Total Cost of Attendance \$ _____

PARENTS' OR GUARDIANS' FINANCIAL DATA:

- 1.) State of Residence: KY OH WV
- 2.) Adjusted Gross Income (FORM 1040) \$ _____
- 3.) Total Federal Tax Paid (FORM 1040) \$ _____
(**not** the amount withheld from paychecks)
- 4.) Total Income of Parent/Guardian \$ _____
Total Income of Other Parent/Guardian \$ _____
- 5.) What is the total number of family members living in the household and primarily supported by the reported income? _____
- 6.) Marital Status of Parent(s) or Guardian(s): Married Divorced Separated Widowed Single
- 7.) Of the total number of family members on line 5, what is the number of students attending college at least half time during the next school year (include applicant, exclude parents)? _____
- 8.) Please write the ages of family members aged 22 and below (include applicant): _____

The student is responsible for submitting all materials to the Foundation on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application**
- Essay**
- Current Complete Transcript(s) of Grades**
- Applicant Appraisal**

All materials, including transcript, must be addressed to:
Foundation for the Tri-State Community, Inc.
P.O. Box 2096
Ashland, KY 41105-2096

CERTIFICATION: *I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines. The information provided is complete and accurate to the best of my knowledge. If requested, I will provide additional proof of information. Falsification of information may result in the termination of any award granted.*

Applicant's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. If you prefer, you may return in a sealed envelope. A letter of recommendation does not replace this section, but you may submit a letter in addition to this appraisal.

Applicant Name _____

High School Applicant Attends _____

Scholarship Sought _____

| | <i>5 - Strongly Agree</i> | <i>4 - Agree</i> | <i>3 - Neutral</i> | <i>2 - Disagree</i> | <i>1 - Strongly Disagree</i> |
|---|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| <i>The applicant's choice of a post-secondary educational program is appropriate.</i> | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>The applicant's achievements reflect his/her ability.</i> | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>The applicant has the ability to set realistic and attainable goals.</i> | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>The applicant is committed to his/her school and/or community.</i> | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>The applicant is able to seek, find and use learning resources.</i> | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>The applicant demonstrates curiosity and initiative.</i> | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>The applicant demonstrates good problem-solving skills, follows through and completes tasks.</i> | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| <i>The applicant demonstrates respect for self and others.</i> | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

**If necessary, attach additional comment sheet*

Appraiser's Name _____ Title _____ Telephone _____

Signature _____ Organization _____ Date _____