**Debbie Cox Memorial Fund**

Under the Program, one (1) $1,000 scholarship will be awarded to a high school senior. The scholarship is non-renewable.

Program Guidelines & Priorities:

\* Applicants must plan to attend a two (2)-year community college or four (4)-year college or university.

\* Applicants must have a cumulative grade point average of at least 3.0 on a 4.0 scale

\* Applicants must be female, working students (10 hour per week minimum), with at least 2 business classes taken at the Eldon Career Center

\* Scholarship funds will be paid directly to the college. The scholarship funds will be issued upon receiving a certificate of enrollment for the fall semester, which includes the Student ID number.

\* Applicants must have the endorsement of their Guidance Counselor on their application attesting they are qualified for this scholarship program.

\* Applications must be received no later than March 1. Late applications will not be accepted.

\* The scholarships will be awarded at the Eldon High School Awards Banquet.

\* Please submit any questions to: [kmarie9854@gmail.com](mailto:kmarie9854@gmail.com)

**Scholarship APPLICATION 2022**

|  |  |  |
| --- | --- | --- |
| Please **type** your answers. *Use a additional piece of paper if necessary* | | |
| 1. | Last Name: | First Name, Middle Initial: |
| 2. | Mailing Address Street:City: State: Zip: | |
| 3. | Daytime telephone number: ( )  Email address: | |
| 4. | Date of birth: Month Day Year | |
| 5. | Cumulative Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale) (provide transcript) | |
| 6. | Work History: Please provide last 2 pay stubs showing working at least 10 hours per week | |
| 7. | Name and location of high school: | |
| 8. | A. List any academic honors, awards and activities while in high school:  B. List your hobbies, outside interests, extracurricular activities, and/or volunteer activities: | |
| 9. | A. If you have decided on the college you will attend, please list the school name:  B. If not, list your top three (3) college choices: | |
| 10. | Anticipated field of study: | |
| 11. | Name parent(s) or legal guardian(s): Phone of parents or legal guardians: | |
| 12. | On a separate paper, please write a short essay (maximum 250 words) addressing the following:Describe why you feel you should be awarded this scholarship. Discuss any challenges you have dealt with and overcome and how this will help you succeed in college and beyond. | |

### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that if chosen as a scholarship winner, it is my responsibility to submit to Grantor, no later than July 31, a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to the Debbie Cox Memorial Fund.

Name of Guidance Counselor: \_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information (email and phone):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Guidance Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**

Checklist:

\_\_\_ Application with transcript

\_\_\_ (2) Pay stubs

\_\_\_ Essay on separate sheet of paper

\_\_\_ Guidance Counselor signature

**EMAIL COMPLETED APPLICATION PACKAGE TO:**

**Kerry Nadeau**

**Kmarie9854@gmail.com**

**REMINDER:**

**Applications must be received no later than March 1.**

**There will be no exceptions!**