

INFORMATION REGARDING THE CCRTA SCHOLARSHIP

1. To apply for the scholarship, the applicant must reside in Cass County
2. The applicant must be attending one of the four Cass County high schools.
3. The scholarship is for one year in length and can only be received once by the recipient.
4. The applicant must be entering the educational field of study.
5. The amount given is up to \$1000 for one year only.
6. The recipient will be instructed on how to obtain the scholarship money when he or she receives the award
7. The guidance office may announce the availability of the scholarship at any time after receiving the application from the Cass County Retired Teacher's Association.
8. The CCRTA Scholarships are due on March 21. Let me know if I need to pick them up or will they be delivered to me.
9. Let me know as soon as possible as to when the Awards Program is for your school.
10. You will be notified as soon as the committee has made the selection of the recipient.
11. If you need to contact me, you may do so by
 1. Calling: 574-753-5906
 2. By Mail: 2312 Spear St
Logansport, IN 46947

Carolyn Killion

CASS COUNTY AREA RETIRED TEACHERS ASSOCIATION SCHOLARSHIP

HIGH SCHOOL STUDENT APPLICATION

Name; _____ Male/ Female Age: _____
(circle one)

Home Address: _____

County of Residence: _____ E-Mail Address _____

Cell Phone Number: (____) _____ Social Security Number _____

Land Line Telephone: (____) _____

Mother's Name: _____

Mother's Address: _____

Mother's Telephone Number: (____) _____

Mother's Employer: _____

Mother's Occupation: _____

Father's Name: _____

Father's Address: _____

Father's Telephone Number (____) _____

Father's Employer: _____

Father's Occupation: _____

Legal Guardian: (If other than parents) _____

Guardian's Address: _____

Guardian Telephone Number: (____) _____

With whom do you live? (Check One) Mother/Father _____, Mother/Step-Father _____, Father/Step-Mother _____, Mother Only _____, Father Only _____, Guardian _____, Grandparents _____ *Other _____
* Explain _____

LIST THE NAME/S AND THE AGES OF YOUR BROTHERS AND SISTERS THAT LIVE AT HOME UNDER THE AGE OF 18:

- | | | | |
|----------|-----------|----------|-----------|
| 1. _____ | AGE _____ | 4. _____ | AGE _____ |
| 2. _____ | AGE _____ | 5. _____ | AGE _____ |
| 3. _____ | AGE _____ | 6. _____ | AGE _____ |

LIST ANY BROTHERS AND SISTERS THAT ARE CURRENTLY ATTENDING COLLEGE FULL TIME. PLEASE LIST THEIR NAMES AND ANTICIPATED YEAR OF GRADUATION;

- | | | | |
|----------|------------------|----------|------------------|
| 1. _____ | GRAD. DATE _____ | 3. _____ | GRAD. DATE _____ |
| 2. _____ | GRAD. DATE _____ | 4. _____ | GRAD. DATE _____ |

LIST EXTRA-CURRICULAR ACTIVITIES (school, church, volunteer, etc) OFFICES HELD AND HONORS OR AWARDS YOU HAVE ACHIEVED:

LIST PRESENT/PAST EMPLOYERS, TYPE OF WORK, AND DATES OF EMPLOYMENT. PLEASE LIST YOUR MOST RECENT EMPLOYMENT FIRST.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

LIST THREE ADULTS, OUTSIDE OF HIGH SCHOOL, WHO KNOW YOU WELL, (other than relatives), SUCH AS A PASTOR, EMPLOYER, NEIGHBOR, ETC. INCLUDE THEIR RELATIONSHIP TO YOU AND THEIR TELEPHONE NUMBER.

(Name)	(Relationship)	(Telephone)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LIST THE COLLEGE/S WHERE YOU PLAN TO APPLY AND YOUR INTENDED TEACHING AREA (maximum of 3)

COLLEGE	TEACHING AREA	ACCEPTED
1. _____		
2. _____		
3. _____		

APPROXIMATELY HOW MUCH WILL A FULL YEAR OF COLLEGE COST?

TUITION \$ _____ ROOM AND BOARD \$ _____

BOOKS \$ _____ TRAVEL EXPENSES \$ _____

OTHER EXPENSES \$ _____ TOTAL COLLEGE COST \$ _____

HOW MUCH MONEY DO YOU PERSONALLY HAVE TO CONTRIBUTE TO YOUR EDUCATION?
\$ _____

HOW MUCH MONEY WILL YOUR PARENTS BE ABLE TO CONTRIBUTE? \$ _____

WILL YOU OR DO YOU EXPECT TO RECEIVE ANY OTHER SCHOLARSHIPS OR FINANCIAL AID? IF SO, PLEASE LIST.

FATHER'S COMBINED ANNUAL INCOME (*all sources) \$ _____

MOTHERS COMBINED ANNUAL INCOME (*all sources) \$ _____

TOTAL COMBINED INCOME OF PARENTS (*all sources) \$ _____

*(all sources including wages, investment income, dividends, rental income, etc)

EXPLAIN ANY SPECIAL CIRCUMSTANCES WHICH WILL ASSIST US IN CONSIDERING YOUR APPLICATION.
(Use back side if necessary)

I. _____ GRANT PERMISSION TO _____
(Counselor)
TO RELEASE SCHOOL RECORDS AND/OR INFORMATION IN THE EVALUATION OF MY QUALIFICATION
FOR THE FAYE RIDDLEBERGER SCHOLARSHIP

(STUDENT'S SIGNATURE)

(PARENT'S SIGNATURE)

(COUNSELOR'S SIGNATURE)

(DATE)

**THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION IN ORDER
FOR THE APPLICATION TO BE CONSIDERED**

- 1. A COPY OF YOUR COMPLETED FAFSA OR STUDENT AID REPORT**
- 2. AN OFFICAL COPY OF YOUR HIGH SCHOOL TRANSCRIPT**

**CONFIRMATION OF ENROLLMENT IN COLLEGE WILL BE REQUIRED BEFORE SCHOLARSHIP FUNDS
ARE DISBURSED**

*TYPES OF CONFIRMATION ARE:

1. A DUPLICATE OF THE COLLEGE FEES ON THE OFFICAL COLLEGE FORM.
2. A DUPLICATE OF THE COLLEGE COURSES YOU ARE ENROLLED IN THE FIRST SEMESTER ON OFFICAL COLLEGE FORM.

AFTER RECEIPT OF ONE OF THE TWO CONFIRMATIONS, A CHECK MAKE OUT TO THE COLLEGE WILL BE
SENT TO YOU. PLEASE GIVE CHECK TO THE COLLEGE.

TO BE COMPLETED BY THE DIRECTOR OF GUIDANCE OR SENIOR COUNSELOR

Student's Name: _____

Class rank: _____ Number of students in class: _____ GPA: _____

SAT Scores: Total: _____ Critical Reading: _____ Math: _____ Writing: _____

ACT Scores: Total: _____

Student's Proposed Graduation Diploma: Academic Honors Diploma: _____ Core 40: _____

Regular: _____ Other: _____

Counselor's Signature: _____

Counselor: Please add any additional comments you may have:
