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|  | Chippewa County Community Foundation |

# John C. Frybarger Memorial Scholarship Who can apply:

# Gay, Lesbian, LGBQT graduate from a high school in Chippewa, Mackinaw or Luce County.

# Criteria:

# Student must have a C or high GPA

# Written narrative, reference sheet, and list of awards/honors

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |
|  |  |  |  |

## High School Education

|  |  |
| --- | --- |
| High School: | Graduation Date: |

|  |  |  |
| --- | --- | --- |
| Test Score: | ACT | SAT |

## Higher Education Information

|  |
| --- |
| Name of School Attending: |

|  |
| --- |
| Address: |

|  |  |
| --- | --- |
| Will you be a full-time student: | Will you be attending a full academic year: |

|  |  |
| --- | --- |
| If no for either question, please explain: |  |

|  |  |  |
| --- | --- | --- |
| Degree you will be pursing: | Major: | Minor: |

Completed application and all required attachments must be turned into the Chippewa County Community Foundation by the **April 15th deadline**. Mail to: CCCF, PO Box 1979, SSM, MI 49783 (2nd floor of Huntington Bank – Suite 202).   
906-635-1046 Email:cccf@lighthouse.net www.chippewacountycommunityfoundation.org

**SCHOLARSHIP APPLICANT REQUIREMENTS:**

* Applicant must have a GED and/or graduated from a high school in Chippewa, Mackinaw or Luce County.
* Financial need may be considered. Financial need will be determined by the information provided on the attached Financial Information Form**.**
* Student must have a C or higher GPA.
* Preference will be given to a LGBQT student that is pursuing a career in the Culinary Trades, Dietitian/Nutrition, Journalism, Literature or attending a vocational or trade school. In the event there is not a gay, lesbian, bi-sexual or transgender student, the scholarship may be given to a student that is pursuing one of the aforementioned areas of study.

**REQUIRED ATTACHMENTS TO APPLICATION**

1. Financial Information Form (College will mail directly to the Chippewa County Community Foundation)
2. High school transcript listing all classes taken and grades received 9th through 12th grade.
3. ACT Score: Individual English, Mathematics, Reading, Science plus Composite. SAT scores are an acceptable alternative.
4. Written narrative that includes:
   1. An essay explaining your desired career choice and future plans.
   2. A list of extracurricular activities - school, community, sports and home related
   3. List of volunteer and/or community service activities
   4. List of your work experience
   5. A statement why you should be granted this scholarship
5. Three written references from non-relative individuals. (Please do not include more than one reference from your school). References should include a contact phone number and/or email address.
6. List of awards/honors received.

**The scholarship will be paid out based on the student’s degree:**

Bachelor’s Degree

First year – 20%

Second year – 25%

Third year – 25%

Fourth year – 30%

Associate’s Degree

First year – 50%

Second year – 50%

Certificate

First year – 100%

**FINANCIAL INFORMATION FORM**

**Financial Information** **Form** (please read instructions carefully): ***Student,*** complete the top section and submit this Financial Information Form to the Financial Aid Office of your first-choice academic institution. Ask them to complete the form and **return to the Chippewa County Community Foundation no later than April 15th**. Be sure to allow the Financial Aid Office at least three weeks to process. It is your responsibility to follow-up with the Financial Aid office to ensure the form is received on time.

|  |  |  |
| --- | --- | --- |
| Name: | Phone: | |
| Address: |  | |
| Student # or Last 4 digits of your Social Security #: | | Date of Birth: |

**Authorization to Release Information:**   
  
I authorize (name of college/university): [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**]** to provide the information requested below to the Chippewa County Community Foundation for scholarship consideration:

|  |  |
| --- | --- |
| Student Signature: | Date: |
| Parent’s (or Guardian) Signature: | Date: |

\*\*STUDENT STOP HERE – Send this form to your college Financial Aid Office\*\*  
**Information below must be completed by a College Financial Aid Officer**

**To the Financial Aid Officer**: The above-named student is applying for at least one Chippewa County Community Foundation Scholarship. Please complete the following information and return to the Foundation by April 15th.

|  |  |
| --- | --- |
| Applicant is considered:  Independent | Applicant is considered:  Dependent |
| Applicant’s Adjusted Gross Income $: | Parent(s)’ Adjusted Gross Income $: |
|  |  |
| Total dependents other than spouse: | Total size of parent(s)’ household: |

The information presented below is based on:  Current Year FAFSA  Previous Year’s FAFSA

|  |
| --- |
| Cost of Attendance: $ |
| Scholarships: $ (Institutional, athletic & outside scholarships) |
| Grants: $ (pell, SEOG, institutional, etc.) |
| Other Sources: $ (TIP, Native American Tuition Waiver, Veteran’s benefits, etc.) |
| Will receiving a scholarship from the Chippewa County Community Foundation reduce the student’s need-based aid:  Yes  No | | |
| If so, how? | | |
| Name of person completing form: | | Title: |
| College/University: | Address: | |

Mail or email to the Chippewa County Community Foundation by **April 15th.** PO Box 1979, Sault Ste. Marie, MI 49783  
EMAIL: [cccf@lighthouse.net](mailto:cccf@lighthouse.net) 906-635-1046