

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	1							
High Scho	ol:		Graduation Date:							
Test Score	e: ACTSAT									
Higher Education Information										
Name of S	school Attending:									
Address:										
Will you be	Will you be a full-time student: Will you be attending a full academic year:									
If no for eit	ther question, please explain:									
Degree yo	u 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). Phone: 906-635-1046 Email: info@chippewacountycf.org 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:
 - a. An essay explaining your desired career choice and future plans.
 - b. A list of extracurricular activities school, community, sports and home related
 - c. List of volunteer and/or community service activities
 - d. List of your work experience
 - e. 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%

<u>Certificate</u>

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:		I	Phone:			-
Address:						.
Student # or Last 4 digits of your Social Security #:		Date of Birth:				
<u>Authorization to Release Information:</u>						
I authorize (name of college/university): [wa Co	unty Community Foun	dation for	r schola	rship consideration:	
Student Signature:			Date:			
Parent's (or Guardian) Signature:			Date:			
**STUDENT STOP HERE – Send the Information below must be com To the Financial Aid Officer: The above-named student Foundation Scholarship. Please complete the following in	pleted is app	d by a College Finance olying for at least one Co	ial Aid O Chippewa	Officer a County	Community	1
Applicant is considered: Independent	Aŗ	Applicant is considered: Dependent				
Applicant's Adjusted Gross Income \$:	Pa	Parent(s)' Adjusted Gross Income \$:				
Total dependents other than spouse:	То	Total size of parent(s)' household:				
The information presented below is based on: Curren Cost of Attendance: \$	t Year	FAFSA Pr	evious Y	ear's FA	AFSA	
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	Comn	nunity Foundation redu	ice the stu	udent's	need-based aid: Yes	s 🗆 No
If so, how?			1			
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: info@chippewacountycf.org 906-635-1046