



# Chippewa County Community Foundation

## **Truax Family Scholarship**

Who can apply:

Any student graduating from Detour High School.

Criteria:

- Eligible for graduating seniors of DeTour Area Schools/DeTour Arts and Technology Academy
- Applicants must be furthering their education at a university, college or trade school.
- Demonstrated involvement in community service activities, illustrating a strong dedication to improving the lives of others showcasing innovative thinking through projects, initiatives, or solutions addressing societal challenges or promoting positive transformation.
- Evidence of leadership roles held in school, community, or extracurricular contexts, showcasing the ability to inspire and lead others towards common goals.

### 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 pursuing: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Completed application and all required attachments must be turned into the Chippewa County Community Foundation by the **April 15<sup>th</sup> deadline.**

Mail to: CCCF, PO Box 1979, SSM, MI 49783 (second floor of Huntington Bank – Suite 202).  
PH: 906-635-1046 Email: [info@chippewacountycf.org](mailto:info@chippewacountycf.org) [www.chippewacountycommunityfoundation.org](http://www.chippewacountycommunityfoundation.org)

### **SCHOLARSHIP APPLICANT REQUIREMENTS:**

- Applicant must be graduating from Detour High School
- Student must be pursuing education or an education related field.
- Financial need is not required.
- GPA shall be considered, but not a deciding factor.

### **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 9<sup>th</sup> through 12<sup>th</sup> grade.
3. SAT or ACT Scores
4. Written narrative that includes:
  - a. An essay explaining how you fit the scholarship through community service, improving the lives of other through innovative thinking, solutions addressing societal challenges and promoting positive thinking.
  - 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. List of awards/honors received.

# 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 15<sup>th</sup>**. 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 15<sup>th</sup>.

Applicant is considered: <input type="checkbox"/> Independent	Applicant is considered: <input type="checkbox"/> 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 15<sup>th</sup>**. PO Box 1979, Sault Ste. Marie, MI 49783  
 EMAIL: info@chippewacountycf.org 906-635-1046