

The Hamann Family Memorial Scholarship



Eligibility and Selection Criteria:

- Must be planning to attend a two- or four-year college or university.
- Must have a grade point average within the range of 2.5-3.5 (on a 4.0 scale).
- Must have demonstrated financial need through the FAFSA form.
- Deemed worthy or deserving by the committee for this award by virtue of good character and excellent citizenship.
- Must demonstrate academic preparation and potential for success in college and the chosen area of study.
- One letter of recommendation ~ cannot be from family members, (i.e., teacher, advisor, coach, minister, service group leader, employer).

Applications are due to the Johnson County Community Foundation by March 1
See attached application for additional details.

**The scholarship is a \$1000 award.
However, at the discretion of the selection committee,
the scholarship may be renewed for up to four years**

The Hamann Family Memorial Scholarship
(Please Type)

Mail the completed application by the application deadline to:

Johnson County Community Foundation
ATTN: Hamann Family Memorial Scholarship
P.O. Box 217
Franklin, IN 46131

APPLICANT GENERAL INFORMATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship award.

Applicant's Signature _____ Date _____

Name: _____
Last First Middle

Permanent Address: _____
Street City State/Zip

Telephone Number:(____) _____ Male _____ Female _____

Date of Birth: _____ Mo/Day/Yr Social Security Number: _____

Father/Guardian: _____

Address: _____

Mother/Guardian: _____

Address: _____

High School Attended: _____

Address: _____
Street City State/Zip

Graduation Date: _____
Mo/Yr

Has either of your parents graduated from college? _____

College you plan to attend: _____
Name City/State

Have you been accepted? Yes No Pending

Major you plan to pursue: _____

FINANCIAL DATA

Must attach a copy of your completed Financial Aid Form (FAFSA). These forms may be obtained from your school.

ESSAY

Character is defined by Webster as: 1. The combination of qualities or features that distinguishes one person from another; 2. The combined moral and ethical structure of a person.

Please attach a **one page** essay stating how you have demonstrated good character when no one is looking. The essay should be in the following format: 12 point font, double spaced with one inch margins.

WORK EXPERIENCE

Please list paid work experience you have had during the past four years, beginning with your most recent position.

Employer & Address	Nature of Work	Employment Dates	Hours Per Week	Amount Earned

Scholastic Profile

(To be filled out by the High School Guidance Department)

Please attach a certified high school transcript to include grades of the first semester of the senior year.

Student/Applicant Name: _____

The student ranks _____ in a class of _____ Cumulative GPA: _____/4.0 scale

SAT Total _____ Verbal _____ Math _____ Composite ACT _____

Curriculum program student followed in high school:

_____ Academic	_____ Core 40
_____ Academic Honors(indicate honors courses taken on transcript)	_____ General _____ Vocational

Please check appropriate column:

The applicant's choice of post secondary education program is:	Extremely appropriate	Very Appropriate	Moderately appropriate	Inappropriate
The applicant's achievement reflects his/her ability:	Extremely well	Very well	Moderately well	Not well
The applicant's ability to set realistic and attainable goals is:	Excellent	Good	Fair	Poor
The quality of the applicant's commitment to the community is:	Excellent	Good	Fair	Poor
The applicant is able to seek, find and use learning resources	Excellent	Good	Fair	Poor
The applicant demonstrates curiosity and initiative	Extremely well	Very well	Moderately well	Not well
The applicant demonstrates good problem solving skills, follows through and completes tasks	Extremely well	Very well	Moderately well	Not well
The applicant's respect for self and others is:	Excellent	Good	Fair	Poor

My signature below signifies that the above information is true and correct.

Guidance Counselor (Please Print) _____

Guidance Counselor (Signature) _____

Phone (_____) _____ Date _____

SCHOLARSHIP APPLICATION ~ RECOMMENDATION

Name of Applicant _____

The above-named individual is applying for an academic scholarship from the Johnson County Community Foundation. Your recommendation is needed as part of the application process. The applicant has authorized you to release any information you feel would be helpful in reviewing his/her application. All recommendations are held in strict confidence and the information you provide will not be released to the applicant or any member of his/her family.

It is the applicant's responsibility to secure your recommendation no later than the application deadline. Failure to return this form by the deadline to the applicant will jeopardize the applicant's opportunity to be considered for a scholarship.

- 1) What is your relationship with the applicant? (*can not be a family member*)
 Personal Employer Other (specify) _____

- 2) How long have you been acquainted with the applicant?
 All his/her life 5-10 years 3-5 years 1-3 years Other _____

- 3) I know the applicant:
 Extremely well Very well Moderately well Not well

- 4) Do you think the applicant has the ability and determination to complete his/her educational objectives?
 Yes No Unknown

- 5) Based on the applicant's ability and capabilities, do you think the applicant's career choice is wise and realistic?
 Yes No Unknown

- 6) Has this applicant demonstrated positive school and community citizenship?
 Yes No Unknown

7) Please rate the applicant in the following categories:

	Excellent	Very Good	Average	Below Average	Poor	Unknown
Community Service						
Cooperation						
Perseverance						
Character/Integrity						
Personality						
Work Habits						
Ability to set Realistic Goals						
Responsibility						
Reaction to Adversity						

In the space below, or on a separate sheet, please type any comments about the applicant you feel would be helpful to the nomination committee during their deliberations. Utilize the characteristics above as a guideline. Focus on character and citizenship. Give specific examples that support your statements.

Thank you for your help. Please return this form in a *sealed envelope* to the applicant so he/she may submit it as part of a total package by the application deadline. Sign your name over the sealed envelope flap. The applicant is not to open the envelope, but submit your sealed recommendation with the application.

Signature of Reference

Phone #