

ATHENS AREA COMMUNITY FOUNDATION  
ADULT SCHOLARSHIP APPLICATION  
**General and Academic Information**

**DUE DATE: May 1**

**Application Instructions:**

- Applicants must be an Athens High School graduate or currently residing in the Athens School District.
- Applicants must have completed the Free Application for Federal Student Aid (FAFSA) and a FAFSA Student Aid Report (SAR) must be submitted as an attachment with this scholarship application.
- The application must be **typewritten**, using only black ink.
- The application must include Official College Transcript(s), if applicable.
- The application should include one (1) electronic or original photo of yourself.
- Please submit a complete application, meaning that each question is answered to the best of your ability.
- Completed applications should be sent to AACF, P. O. Box 205, Athens, MI 49011.

**List Scholarships from other sources you are applying for and indicate those awarded.**

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Last four digits of SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

Are you the first generation in your family to attend college? \_\_\_\_\_

High School \_\_\_\_\_ High School Graduation Year \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ ACT/SAT score \_\_\_\_\_

Have you attended the Calhoun Area Career Center (CACCC)? Yes  No

If yes, dates attended \_\_\_\_\_ Program \_\_\_\_\_

Have you attended the Battle Creek Area Math & Science Center? Yes  No

If yes, dates attended \_\_\_\_\_ Program \_\_\_\_\_

College(s) attended, if any \_\_\_\_\_

*(Submit transcript if applicable)*

College/Institution Planning to Attend: \_\_\_\_\_ Major/Discipline \_\_\_\_\_

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**Activities**

Please list any activities in which you participate. Activities may include organization or clubs, volunteer hours, athletics, hobbies, or positions of leadership in your community or a faith-based organization. **DO NOT ATTACH ADDITIONAL SHEETS/RESUMES.**

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Activity	Hrs/wk	Wks/yr	Position held
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Activity	Hrs/wk	Wks/yr	Position held
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Activity	Hrs/wk	Wks/yr	Position held
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Activity	Hrs/wk	Wks/yr	Position held
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**Employment Information**

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Employer	Position	Start/End Dates
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Employer	Position	Start/End Dates
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Employer	Position	Start/End Dates
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No work experience to date

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**Financial/Family Information**

In the space provided, please describe your current living arrangements – how many people live in your primary home, how many are in school K-12, how many are in college. Feel free to share any other living arrangements you feel would be important for the committee to know. If you come from a single parent household (single mother or father), you may want to identify that here.

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Name	Relation to you	School	Grade
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Name	Relation to you	School	Grade
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Name	Relation to you	School	Grade
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Name	Relation to you	School	Grade
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Total number of persons living in household \_\_\_\_\_

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## Expected Family contribution (EFC)

This is found on your *Student Aid Report (SAR)* from the FAFSA

Use this portion of the application to describe any unusual financial circumstances or hardships you or your family have experienced that are barriers to achieving post-secondary education or training. This may reflect a number of things including, but not limited to, insight as to income and/or debts, health issues, etc. **DO NOT ATTACH ADDITIONAL SHEETS.**

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## ATHENS GENERAL SCHOLARSHIP ESSAY

Please answer the following questions to the best of your ability in paragraph format in a one or two page, double-spaced, typed statement and attach to your application.

1. Briefly explain why obtaining a post-secondary education or training is important to you.
2. If you have chosen a field of study, please elaborate on what led you to this particular area.
3. Drawing from your list of extracurricular activities you shared, please choose one and describe how you became involved in it, as well as the life skills you have learned by participating in it.

The undersigned hereby acknowledges that the information provided on this application, including attachments, is true and correct to the best of my knowledge and that the information may be provided and disclosed to the Athens Area Community Foundations, to the officers and trustees of the Foundation, and to any other person authorized by the Foundation to review the information. Verification may be obtained from any source. If any information provided is discovered to be fraudulent, it may result in revoking the awarded scholarship and/or other related penalties. Tax forms may be requested for verification purposed. We hereby release from liability any person submitting information to the Foundation for use in the selection of scholarship recipients.

\*Parent(s) must sign if the student is under the age of 18 and/or was claimed as an exemption/dependent.

### Original signatures required

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Applicant Signature

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Date

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\*Parent Signature

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Date