

**Shiawassee**  

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**community foundation**<sup>SM</sup>

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**BYRON COMMUNITY  
SCHOLARSHIP FUNDS**



**INSTRUCTIONS AND  
APPLICATION FORM**

***APPLICATIONS ARE DUE MARCH 1<sup>ST</sup>***

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### **FUND PURPOSE**

Provide financial aid to Byron High School graduates in pursuit of further education.

### **CRITERIA**

- Byron High School graduate
- Planning to attend an accredited trade/vocational school or college
- Community service
- Financial need
- Grade point average

### **PERSONAL ESSAY**

A one page personal essay is required. This essay should be typed (font size no larger than 12) and doubled spaced. Include details about yourself so the reader can get to know who you are and why you should be considered for this scholarship based on the above criteria.

### **RECOMMENDATION LETTERS**

Two recommendation letters are required. Please submit letters of recommendation from your school administrators/educators or adult members of the community (not family members). The letters of recommendation should address your leadership qualities and community involvement along with any other pertinent information about you.

Please complete the Applicant section of the attached Recommendation Form and give it to the person completing your recommendation. You are responsible for retrieving the letters of recommendation and submitting them with your application form.

### **TRANSCRIPT OF GRADES**

An official copy of your high school transcript is required

### **FINANCIAL NEED**

Please complete the attached Shiawassee Community Foundation financial need form and return it with your application.

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### SCHOLARSHIP APPLICATION FORM

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

GPA: \_\_\_\_\_ FOR YEAR: \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_

GENDER: Male Female HIGH SCHOOL GRADUATION YEAR: \_\_\_\_\_  
(circle one)

ACT SCORE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

WHAT COLLEGE/UNIVERSITY WILL YOU BE ATTENDING IN THE FALL OR TO WHAT COLLEGE/UNIVERSITY ARE YOU APPLYING TO: (Please list in order of your preference)

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CURRENT OR ANTICIPATED MAJOR FIELD OF STUDY:





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### WORK HISTORY

Using only the space below, please list your paid work experience, beginning with your most recent position.

Employer	Nature of Work	Dates of Employment	Hours Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### FAMILY INFORMATION

Complete the following only if your parents/guardians claim you as a dependent on their tax return.

Name of Parents/Guardians: \_\_\_\_\_

Father's Employment: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_

Complete the following only if you have dependent children or are married and file a joint tax return.

Name of Spouse (if applicable): \_\_\_\_\_

Spouse's Employment: \_\_\_\_\_

Children's Name and Age: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of family members in college: \_\_\_\_\_

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### CERTIFICATION

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge.

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Applicant Signature

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Date Signed

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Printed Name

Before you submit this application, please review the checklist below to ensure the scholarship application is complete and all required information is included. Incomplete or late applications will not be considered.

- Application form is filled out completely and is signed. Please make sure your application is neat and legible
- Personal essay
- Two recommendation letters
- Transcript of grades

**COMPLETED APPLICATIONS MUST BE RECEIVED AND/OR POSTMARKED ON OR BEFORE MARCH 1<sup>ST</sup> TO BE CONSIDERED**

**Submit 2 copies of your completed application and required information to:**

Carol Soule, Executive Director  
Shiawassee Community Foundation  
1350 East Main Street, Suite 206  
Post Office Box 753  
Owosso, MI 48867

It is a good idea to keep a copy for yourself in case your application is lost or damaged in transit.

If you have questions, please call Carol at 989-725-1093 or email her at [shiafdn@michonline.net](mailto:shiafdn@michonline.net).

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### RECOMMENDATION FORM

#### TO THE SCHOLARSHIP APPLICANT:

Please fill in your name, address and the name of the person you are requesting the recommendation from. Give this form to that person when you request a letter of recommendation. **REMEMBER – YOU ARE RESPONSIBLE FOR RETRIEVING THE RECOMMENDATION LETTER AND SUBMITTING IT WITH YOUR APPLICATION.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

#### TO THE PERSON COMPLETING THE RECOMMENDATION:

The student named above is applying for a scholarship through the Shiawassee Community Foundation and has asked you to provide any information you feel would help them obtain a scholarship. It is the student's responsibility to retrieve this form and letter from you before March 1st. If you are unable to complete this form by the deadline, please notify the applicant so he/she may secure another reference. We ask that you use the guidelines below when writing your recommendation.

- Include the applicant's name and your name in your letter and attach it to this form.
- Describe your relationship with the applicant and how well you know him/her.
- Description of his/her qualities or characteristics that you feel set this student apart from the rest.
- Any additional information you feel is important about this student.

Thank you for your assistance.

If you have any questions, please feel free to contact Carol Soule, Executive Director of the Shiawassee Community Foundation at 989-725-1093 or email at [shiafdn@michonline.net](mailto:shiafdn@michonline.net).

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### SCHOLARSHIP APPLICATION FINANCIAL NEED FORM CONFIDENTIAL

The following information reflects your parent's/legal guardian's income:

Total adjusted gross income from most recent Federal Income Tax Return:

Tax Year: \_\_\_\_\_ Adjusted Gross Income: \$ \_\_\_\_\_

Total number of dependents claimed: \_\_\_\_\_

How many of these dependents (including yourself) will be attending college the next term/semester? \_\_\_\_\_

Please describe any extraordinary financial circumstances or financial hardships in your household:  
(Attach additional sheets if needed)

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The undersigned hereby acknowledges that the information provided on this form is true and correct to the best of their knowledge. The undersigned agrees that this information is being provided to the Shiawassee Community Foundation for the purpose of obtaining a scholarship and no other purpose. This information will be reviewed by the scholarship selection committee as well as the Board of Directors of the Foundation and will be kept strictly confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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**For Shiawassee Community Foundation use only:**

Date Application Received: \_\_\_\_\_

Application Complete	Yes	No
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Personal Essay Attached	Yes	No
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Two Recommendation Letters Attached	Yes	No
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Transcript Attached	Yes	No
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Date Entered into FIMS: \_\_\_\_\_

FIMS Student Record Number: \_\_\_\_\_

FIMS Scholarship Application Number: \_\_\_\_\_