

## PARTNER COLORADO FOUNDATION SCHOLARSHIP APPLICATION (College)

**NOTE!** This application is only for those students already in college or looking to return to college. Applicants continuing college must have maintained a minimum 2.0 grade point average and carried a minimum of 9 credit hours per semester to qualify. Only U.S. citizens, between the ages of 17 and 40, residing principally in the State of Colorado are eligible. Only completed applications will be considered: if you are unable to provide the documents requested (or equivalents), please do not send in the application. Applications deemed incomplete or late will not be reviewed or otherwise acknowledged. Scholarships are only awarded directly to the winning applicant's school of choice once acceptance has been confirmed.

**\*\*\* DUE DATE: Postmarked by March 31, 2017 – NO EXCEPTIONS \*\*\***

### INSTRUCTIONS:

In addition to a completed application form, the following documents need to be received:

1. Federal Estimated Family Contribution (EFC) – please send SAR
2. School Transcript of most recent school year
3. Recommendation Letter(s) or completed Form(s) SC-2
4. Personal Statement

**Item 1 – Federal Estimated Family Contribution** - Attach a SAR (“Student Aid Report” the government’s response to a completed Free Application for Federal Student Aid [FAFSA]). If a SAR is not returned to you in time to file the application, a printout of the “Web Submission Confirmation” (which includes the EFC) may be substituted, along with a copy of the submitted FAFSA application.

NOTE: Scholarship grants are weighted towards those with financial need. If the applicant feels the government’s EFC is inaccurate, please provide additional information you consider relevant to your financial situation.

**Item 2 - School Transcript** –An unofficial printout will suffice. If the grading scale is non-traditional, please include explanatory information. If extenuating circumstances preclude including any of this information, please state why. A high school transcript is not required but can be included IF you so desire.

**Item 3 – Recommendation Letter(s)** - At least one, but no more than two, non-family members should forward a recommendation letter or complete the Form SC-2 to the address below (may also be included with application). One should be from a professor or other individual familiar with your college academic performance (ie., advisor, librarian or lab tech with whom you’ve worked closely.)

**Item 4. – Personal Statement.** Please attach a personal statement that should include: reasons why continuing college is important to you, what college has taught you outside of the classroom, your special strengths, skills, or qualifications and your present financial need. Please limit to two pages, double spaced.

(Partner Colorado Foundation was established in 2005 by the Board of Directors of Partner Colorado Credit Union for the purpose of supporting the education and well-being of our communities through raising and granting scholarships and community block grants. The Foundation has awarded approximately \$356,000 in scholarships and community grants since 2006.)

## PARTNER COLORADO FOUNDATION

**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION INSERTED IN FORMS DELIVERED TO PARTNER COLORADO FOUNDATION.**

### Part A. Applicant Information

**Applicant's Name** (First, Last, Middle initial) \_\_\_\_\_

**Email address** for notification purposes: \_\_\_\_\_

<b><u>PERSONAL DATA</u></b>				US CITIZEN   YES   NO	
PERMANENT ADDRESS IN FULL APT., ST. NO., OR R. ROUTE:					BIRTHDATE
TOWN/CITY			STATE	ZIP	AGE
PRESENT MAILING ADDRESS (IF DIFFERENT FROM ABOVE):					SSN (last 4 digits only).
TOWN/CITY			STATE	ZIP	HOME PHONE NO.
FATHER'S FULL NAME					LIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO
OCCUPATION			EMPLOYER		
MOTHER'S FULL NAME					LIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO
OCCUPATION			EMPLOYER		
IF SUPPORTED BY GUARDIAN, GUARDIAN'S NAME				OCCUPATION	
ADDRESS OF PARENT OR GUARDIAN					ZIP
<b><u>B. SCHOOL DATA</u></b>		LIST ALL PRESENT AND PREVIOUS SCHOOLS YOU HAVE ATTENDED			<b><u>DATES ATTENDED</u></b>
HIGH SCHOOL	NAME		COUNSELOR'S NAME		FROM
	ADDRESS		PHONE		TO
	CITY	STATE	ZIP	YEAR GRADUATED	
OTHER SCHOOL / PROGRAM	NAME		COUNSELOR'S NAME		FROM
	ADDRESS		PHONE		TO
	CITY	STATE	ZIP	YEAR GRADUATED	
<b><u>C. FIELD OF STUDY</u></b>					
NAME OF FIRST CHOICE COLLEGE / UNIVERSITY / PROGRAM					
FULL ADDRESS OF COLLEGE/UNIVERSITY				CITY	STATE   ZIP
HAVE YOU BEEN ACCEPTED FOR ADMISSION?		<input type="checkbox"/> YES	STARTING TERM.	YEAR.	<input type="checkbox"/> NOT YET ACCEPTED <input type="checkbox"/> STILL APPLYING
STATUS WITH COLLEGE/UNIVERSITY IF PRESENTLY ATTENDING:		<input type="checkbox"/> FRESHMAN	<input type="checkbox"/> SOPHOMORE	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR
IN WHAT COURSE DO YOU PLAN TO MAJOR AT COLLEGE?				DO YOU PLAN TO GO TO GRADUATE SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHAT PROFESSION OR VOCATION DO YOU PLAN TO FOLLOW AFTER COLLEGE?					

**PART D. EXTRACURRICULAR ACTIVITIES.** We believe Activities round out a person's life, serve as avenues of creativity, and a means to give back to community. Please let us know your passions, involvements and accomplishments in this area, as well as Leadership positions, awards, honors, more extensive time commitment, etc. Also indicate length of time involved and any positions held (ie, band member for 4 years, section leader 2 years, conductor, senior year) - feel free to add an additional sheet / resume as necessary.

**Activities** – Campus live provides much more than classrooms and study hall. Please list the activities, dates and the number of hours spent on each activity.

Activity (and dates)	#hours	Activity (and dates)	#hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Volunteer/Community/Charitable Activities-**Volunteer activities (either ongoing or one time or short-term events) should be grouped together- i.e.- car wash, blood drive, etc. Please list any volunteer activity, dates and the number of hours spent on each.

Activity (and dates)	#hours	Activity (and dates)	#hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART E. WORK EXPERIENCE.** Please indicate below the type of work experience you have acquired. Include positions held, hours worked (ie., 20 hrs. during school year, full-time summer, etc.), supervisory positions held, self-employment, etc.). Work-study hours can apply here. Feel free to add an additional sheet as necessary.

Summer employment- Please list all summer employment in the spaces provided and the estimated number of hours worked in the position (16 week periods for college students.)

Place and dates of summer employment

Estimated summer hours worked

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic year employment

Estimated academic hours worked

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non-Traditional Employment (please provide dates)- this would include family limitations- i.e. caring for dependent children/relatives, physical limitations, duties on farm, non paid responsibilities.

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**PART G. OTHER AID.** Please list all other scholarship or financial aid programs to which you have applied.

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Please initial the bottom of each page. All materials must be delivered in a large envelope by the applicable due date to:

Partner Colorado Foundation  
c/o Scholarship Grant Selection Committee  
6221 Sheridan Boulevard  
Arvada, Colorado 80003

*"I certify with my signature below that, to the best of my knowledge, the information provided in this application is true and correct. I understand that the scholarship for which I am applying, if awarded, will be paid directly to the institution to defer the cost of my education."*

APPLICANT'S SIGNATURE	DATE
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In the event you are selected as a scholarship recipient, your signature below authorizes the use of your name for purposes of press releases and other documents:

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## RELEASE AUTHORIZATION

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I hereby give Partner Colorado Foundation the absolute and irrevocable right and permission to release my name to the media /social media solely for the purpose of announcing scholarship winners.

\_\_\_\_\_  
(Initial)

In addition, I authorize the use of my picture and short biographical information for inclusion in a brochure to be used as a celebratory, informational document. I understand the information used will come from the application submitted and that I will not have the opportunity to review or edit such information before publication of the brochure.

\_\_\_\_\_  
(Initial)

I hereby release and discharge Partner Colorado Foundation from any and all claims or demands arising from or in connection with the use of said photographs and personal information, as described above, including any or all claims for libel.

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

SC-2

# **PARTNER COLORADO FOUNDATION RECOMMENDATION ON SCHOLARSHIP APPLICANT**

Applicant: Please sign your name on the line indicated below and take to a non-family member, along with an envelope addressed to the Foundation. This individual will preferably be a faculty member or another individual active in your chosen field, although any adult, non-family member may provide the required recommendation.

Non-Family Member: I have applied to Partner Colorado Foundation to receive a scholarship grant. Information about my academic experience, relevant extracurricular activities and personal standards is needed by the Scholarship Grant Selection Committee, which determines who will receive a scholarship award. Please help me by completing and forwarding this form in the envelope attached for your use. The deadline for this information is March 31, 2017. Thank you.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Use space below or attach a separate letter to provide information that would help our Scholarship Grant Selection Committee evaluate this applicant's qualifications to receive a scholarship. Include information such as that described above. Your comments will be held in strict confidence.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ By: \_\_\_\_\_  
NAME

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

Please return form directly to Partner Colorado Foundation, Scholarship Grant Selection Committee, 6221 Sheridan Boulevard, Arvada, Colorado 80003 postmarked by **March 31, 2017**.