

## PARTNER COLORADO FOUNDATION SCHOLARSHIP APPLICATION (High School)

**NOTE:** Prior to beginning this application, please ensure you are a qualified recipient. (If you are already in college, please use College Application.) Only U.S. citizens, between the ages of 17 (HS Senior) 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 after acceptance has been confirmed.

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

### INSTRUCTIONS:

A complete application will contain the following documents:

- I. Completed, Signed Application (Parts A-G and Release Authorization)
- II. Federal Estimated Family Contribution (EFC) (see Item 1)
- III. School Transcript and Form SC-2 (see Item 2)
- IV. Recommendation Letter(s) Form SC-3 (see Item 3)
- V. Personal Essay (see Item 4)

**Item 1 – Federal Estimated Family Contribution (EFC)** - Attach the **SAR** (“Student Aid Report” - the government’s response to a completed Free Application for Federal Student Aid [FAFSA]). If a SAR is not available in time to file the application, a printout of the “Web Submission Confirmation” showing the EFC is acceptable, 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.

**Item 3 – Recommendation Letter(s)** - At least one, but no more than two, non-family members should forward Form SC-3 to the address below (may also be included with application). Recommendations may be written directly onto the Form SC-3 or as a separate letter. Ideally, one should be from a teacher or individual familiar with academic performance.

**Item 4. - Essay.** Please attach a personal essay that should include: reasons for your choice of profession and college, why your extracurricular activities are important to you, your financial and non-financial rewards from past jobs or other circumstances, your special strengths, skills, or qualifications and your present financial need. Please limit the essay to two pages, double spaced.

All completed applications will be evaluated and scored by the Grant Committee in early April. All applicants will be notified generally by May 1.

(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 / AGE
TOWN/CITY	STATE	ZIP	CELL PHONE	
PRESENT MAILING ADDRESS (IF DIFFERENT FROM ABOVE):				SSN (Last 4 digits only)
TOWN/CITY	STATE	ZIP	HOME PHONE	
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	
	ADDRESS		PHONE	
	CITY	STATE	ZIP	FROM TO YEAR GRADUATED
OTHER SCHOOL / PROGRAM	NAME		COUNSELOR'S NAME	
	ADDRESS		PHONE	
	CITY	STATE	ZIP	FROM TO 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 <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. OTHER PROGRAMS CONSIDERED.** If you are not yet accepted to the program of your first choice (listed above), please indicate what other programs / schools you are considering.

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**PART E. 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. The following will serve as a guide for you, but is not meant to be inclusive. Indicate length of time involved and any specific positions held (ie, band member for 4 years, section leader 2 years, conductor, senior year) - feel free to use an additional sheet or attach a resume.

Activities -	# years	Activities	# years
Most clubs	_____	Peer Counselor/Tutor	_____
Choir/Orchestra/Jr. Symphony	_____	Newspaper/yearbook	_____
Band (Marching or Performance)	_____	Junior Achievement / DECA	_____
Plays/Musicals Cheerleading /Spirit	_____	Debate /Forensics	_____
Boy-Girl Scouts	_____	Student Congress / Student Government	_____
DAR Good Citizen	_____	Science Olympiad / Quiz Bowl	_____
Church/synagogue youth groups	_____	Mock Trial/Youth in Government	_____

Leadership	#years	Leadership	#years
Offices other than president	_____	All State recognition	_____
Band Section leader	_____	Drum major/Concert Master/Mistress	_____
Captain of sports teams	_____	Eagle Scout	_____
Student Council or Class President	_____	Editor of school paper/yearbook	_____
District/Regional recognition (individual)	_____	Head of community activity	_____
Editor of a section of the school paper/yearbook	_____	Lead role in play/musical	_____
FFA or 4-H state 1 <sup>st</sup> place	_____	Student Director / Stage Mgr.	_____
#1 rating in solo or small ensemble	_____	State music competition	_____

**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 and the number of hours spent on each activity.

Activity and dates	#hours	Activity and dates	#hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART F. 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.). 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. 12 week periods for high school seniors (240+ hours) and 16 week periods for college students (360+ hours).

Place and dates of summer employment

Estimated summer hours worked

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Academic year employment and dates

Estimated academic hours worked

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Non-Traditional Employment (over last 4 years, please give 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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Have you applied / been selected as a potential recipient for a scholarship such as Daniels, Gates Millennium (or similar)

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, CO 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:

### RELEASE AUTHORIZATION

I hereby give Partner Colorado Foundation the absolute and irrevocable right and permission to release my name to 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 may 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 out of or in connection with the use of photographs and personal information, as described above, including any or all claims for libel.

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

\_\_\_\_\_  
Guardian Signature (for minor applicants)

**PARTNER COLORADO FOUNDATION  
EDUCATIONAL REPORT ON SCHOLARSHIP APPLICANT**

**Applicant:** Please sign your name on the line indicated below and take to your counselor/advisor, along with an envelope addressed to the Foundation.

**Counselor/Advisor:** I have applied to Partner Colorado Foundation to be considered for a scholarship grant. Information about my high school performance is needed by the Scholarship Grant Selection Committee, which determines which applicants will receive scholarships. Please help me by forwarding as much of the following information as is available. An envelope is attached for your use. Thank you.

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

\_\_\_\_\_  
Date

Attachments:

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Educational Report on Scholarship Applicant (Form SC-2) | <input type="checkbox"/> PSAT Score (Verbal and Math) |
| <input type="checkbox"/> Copy of Grade Transcript  | <input type="checkbox"/> ACT Score (Comp./percentile) |
| <input type="checkbox"/> Merit/Selective Score   | <input type="checkbox"/> EEB Score (Verbal and Math)  |
| <input type="checkbox"/> Class Rank ** ___ of _____# of students                           | <input type="checkbox"/> GRE Score                    |
|  | <input type="checkbox"/> Other:                       |

\*\* Class rank is computed on the basis of (circle one): All subjects      Academic subjects only

Grade Point Average \_\_\_\_\_ Grading system: A = \_\_\_\_\_ Average ACT/SAT for class = \_\_\_\_\_

Advances Classes: College Level \_\_\_\_\_ AP \_\_\_\_\_ Gifted/Talented \_\_\_\_\_

**Counselor/Advisor:** Use the space below (or attach a letter) to provide any additional information to help our Scholarship Grant Selection Committee evaluate this applicant's qualifications to receive a scholarship. Include a brief summary covering the applicant's involvement in school and related areas. Your comments will be held in strict confidence. Add additional sheet(s) if needed.

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

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

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

SC-3

**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, CO 80003 postmarked by **March 31, 2017**.