

Student Info

Student Information

Legal First Name*

Middle Name

Legal Last Name*

Street Address*

City*

State*

ZIP*

Email Address*

Phone

Date of Birth*

Age*

Gender*

Marital Status

Race*

County of Residence*

Academic Info

From which High School did you graduate

Select...

Post Secondary Plans

Many Scholarships at the Springfield Foundation are set up to support students from a particular high school, attending a certain college, or pursuing a specific course of study. Your answers in this section will help us select the Scholarship that best meets your plans.

What is your intended School (College, University, Trade School, etc) for the coming academic year?

Select...

Have you been accepted to one or more college/university?*

Select...

What is your intended field(s) of study? (Several Springfield Foundation Scholarships can support any field of study, but some Funds are limited to certain majors, as listed below).

- Accounting
- Agriculture Related
- Automotive
- Business
- Economics
- Education (Pre-K)
- Education (K-3)
- Education (4-6)
- Education (7-12)
- Education (English)
- Education (Math)
- Education (Music)
- Education (Physical Education)
- Education (Science)
- Education (Special Education)
- Engineering
- English
- Finance
- Fine Arts
- Fire/EMS
- Fire Science/Fire Administration
- Health Related
- Journalism
- Liberal Arts

- Math
- Music
- Nursing
- Pharmacy
- Religious Studies
- Science
- Veterinary Medicine
- Undecided
- Other

Will you attend school Full Time (12 or more credit hours) or Part Time?*

Select...

When do you expect to graduate from college?*

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Volunteer Service

List volunteer service you have performed in connection with your church or other volunteer opportunities. If you have served the community in many ways, please select those that have been the most meaningful to you.

Organization Name	Activity	Approximate Hours of Service

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Employment

Name of Employer

Current Position/Position Held

Job Duties (Be specific)

If employed, what is your annual income?

Are you currently employed with this employer?

- Yes
 No

Start Date Employed

End Date employed (complete only if not currently employed with this employer)

Average weekly hours

Would you like to add an additional employer (current or previous)

- Yes
 No

Recommendation

Contact Information

First Name*

Last Name*

Email*

Relationship*

Note in email

This will go into the email that will be sent to your reference

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Personal Stmt

1. Please discuss any personal experience, responsibilities and/or challenges that have impacted you or your academic achievements and/or your choice of career. Please be as detailed as possible.*

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Family and Financial

What is your marital status?*

- Single
- Married
- Divorced
- Separated
- Widowed
- Re-Married
- Single Parent
- Other

How many people live in your household?*

How many dependent children are in the home (including the applicant)? (Dependent children are under age 24 and NOT employed full time; the number reported on a federal income tax return.)*

How many people in the household are attending college at this time or will be, including applicant?*

Please select which parents graduated from college (check all that apply):*

- Mother
- Father
- Stepmother
- Stepfather
- None
- Other

Financial Information

You must provide a copy of your FAFSA Submission Summary. The Springfield Foundation must receive the FAFSA Submission Summary by the deadline, March 15, 2024 at 4:30 p.m.

Will you attach this documentation or mail it separately to the Springfield Foundation?*

Please describe any special financial hardships you or your family are facing. For example, recent job loss, excessive medical bills, multiple children in college, etc. Please limit your response to 250 words or less.

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Certification and Signature

Certification

In submitting this application to the Springfield Foundation, I certify that all of the information provided is complete and accurate to the best of my knowledge. I also certify that I have read the instructions and will comply with all requests for documentation of my financial need, transcripts and recommendations. I understand that Springfield Foundation scholarships may only be used toward the cost of attendance (tuition or any course-related requirements, etc.) at accredited U.S. institutions.*

Yes

I certify that I am NOT related to a member of the Staff or Board of the Springfield Foundation (child, stepchild, grandchild, step-grandchild).*

Yes

If I meet the requirements of any external scholarships offered by the Springfield Foundation, I give my permission to forward my application to those external committees for consideration. *

Select...

If I am awarded a Springfield Foundation scholarship, I give my permission to share information with the donor(s).*

Select...

Press & Media Release

If selected to receive a scholarship, I authorize the Springfield Foundation to use my name, likeness and any other information, excluding financial information, in any media form and type of publication, including annual reports and newsletters.*

Select...

Award

Please provide a comment about what the scholarship would mean to you, if you are selected to receive a scholarship.*

Signature

Your Full Name*

Date*

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