

# Student Information

## 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\*

**If any of the following criteria is applicable, please select all that apply. If the criteria is not applicable, please mark "Not Applicable".\***

- Clark County resident for the past 18 months
- Athlete at Graham HS
- Member of the Greek Orthodox Church
- First in your family to attend college
- Have attended Springfield High School for at least 2 years
- Live south of downtown area and zip code is 45505 or 45506
- Plan to coach athletics
- Not Applicable

**Are you an alumni who attended City-Community Hospital or Springfield Regional School of Nursing from 1907 to 2012 or a child, grandchild, sibling, niece or nephew of an alumni?\***

Select...

**Are you a dependent or grandchild of a current or retired Urbana Firefighter?\***

Select...

**Are you an employee of the Springfield Police Division or a dependent of one?\***

Select...

**Are you a child, grandchild or surviving spouse of an active, retired, or deceased member of the UAW Local 402?\***

Select...

**Are you or someone in your family members of a local AME church?\***

Select...

**Are you a graduate of Clark State College or other similar 2 year community college?\***

Select...

**Are you an employee of or a retiree from Cox Enterprises Inc., or a family member of an employee?\***

Select...

**Are you a child of a member of Harmony Lodge #8 in Champaign County?\***

Select...

**Are you at least a 2nd year nursing student who resides in Clark County or a graduate of a Clark County High School?\***

Select...

**Select your High School Activities or classes\***

- Agriculture course
- Band member
- Current Choir member
- FFA
- Fine Arts
- High School Athletics

- Music
- Varsity Athletics
- Youth Arts Ambassador
- 4H - actively participated
- Not Applicable

**Have you received a State FFA Degree?**

Select...

**County of Residence\***

Select...

**What is your student status?\***

Select...

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## Academic Information

### Middle School(s) Attended\*

- Catholic Central Middle School
- Clark Middle School
- Emmanuel Christian Academy
- Hayward Middle School
- Indian Valley School
- Northridge Middle School
- Northwestern Middle School
- Possum Middle School
- Reid Middle School
- Roosevelt Middle School
- Schaefer Middle School
- South Vienna Middle School
- Tecumseh Middle School
- Other

**From which High School will you or did you graduate (If attending Springfield Clark Career Technology Center, please indicate home school):**

Select...

**Do you attend Springfield Clark Career Technology Center?**

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 year of college are you entering?\***

Select...

**Which best describes the type of school you will attend?\***

Select...

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

Select...

**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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## Short Answer Questions

1. How do you spend your time outside of school (sports, clubs, work, community involvement, etc.)?\*

2. Please name one of your accomplishments that you are most proud of. How did this accomplishment help you grow as an individual?\*

3. Please share one challenge in your life and how you have overcome this challenge. What did you learn about yourself as a result?\*

4. Is there anything we haven't asked about you that you think is important for us to know?

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## Family and Financial Information

Name of Father/Stepfather/Guardian

Employer

Occupation

Name of Mother/Stepmother/Guardian

Employer

Occupation

What is your parents' marital status?

Please select which parent(s)/guardian(s) live in your household:\*

- Mother
- Father
- Stepmother
- Stepfather
- Guardian(s)
- Foster parent(s)
- Other

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

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

**Are you an "Independent Child"? (Defined as under age 24, both parents deceased; OR a ward of the state until age 18; OR were a foster child after age 13; OR emancipated by a court or judge; OR homeless or at risk of homelessness.)\***

Select...

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

**Financial Information**

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

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

Select...

**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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