

APPLICATION FOR SCHOLARSHIP

**High School Graduates
West of I-94; Racine County**

Waterford Union High School, Burlington High School, Catholic Central High School,
Union Grove High School & Union Grove Christian School

The Alice Aber-Smith Scholarship Fund & The Earnest F. and Edna P. Aber Scholarship Fund

INSTRUCTIONS-

This form may be used to apply for either ***The Alice Aber Smith Scholarship*** or ***The Earnest F. and Edna P. Aber Scholarship*** or both. Please indicate your intentions below.

I am applying for a scholarship award to:

_____ ***The Alice Aber-Smith Scholarship Fund***

Submit completed application to:
**Community United Methodist Church
455 S. Jefferson Street
Waterford, WI 53185
Attn: Scholarship Committee**

_____ ***The Earnest F. & Edna P. Aber Scholarship Fund***

Submit completed application to:
**Grace Church
30623 Plank Road
Burlington, WI 53105
Attn: Scholarship Committee**

_____ **Both scholarship funds**

Submit a copy of the completed application to each address listed above.
Photo copies of each required document and letter are permissible.

Please fill out all sections of this application form completely. Applications submitted with questions unanswered will be disqualified.

QUALIFIED COLLEGES and UNIVERSITIES

For the academic year 2019-20 awards from *The Alice Aber-Smith Scholarship Fund* and *The Earnest F. and Edna P. Aber Scholarship Fund* shall be made only for attendance at a college or university that is affiliated with, or governed by a Christian organization. Upon receiving an award from *The Alice Aber-Smith Scholarship Fund* and/or *The Earnest F. and Edna P. Aber Scholarship Fund*, each Recipient shall sign a receipt therefore, including a statement of the name and location of the qualified college or university that the Recipient will attend.

QUALIFIED RECIPIENTS

The final determination of awards will be made by the Selection Committee as stated in the trust Agreement. Each Recipient of an initial award shall be selected by the committee from the students of the senior class for the year of selection, including those students graduating in mid-school year. In making such selection, the committee will consider the following qualifications of the student:

- A. Attainment of a record of high scholarship in high school;
- B. General good poise and conduct;
- C. Ability to impart acquired knowledge and advance original ideas;
- D. A desire for further education at a qualified college or university and;
- E. The financial need for an award from *The Alice Aber-Smith Scholarship Fund* and/ or *The Earnest F. and Edna P. Aber scholarship Fund* to make further
- F. education possible.
- G. It is Settlor's intention that an award should not be made to a student who is, or whose parent or parents are financially capable of wholly financing four years of education of that student at a qualified college or university.
- G. The maximum scholarship award to be granted to any one individual recipient from *The Alice Aber-Smith Scholarship Fund* shall be **Twelve Thousand Dollars** and/or from *The Earnest F. and Edna P. Aber Scholarship Fund* shall be **Two Thousand Dollars**.
- H. The reward to each Recipient in any school year shall be the sum of **Three Thousand Dollars** from the *Alice Aber-Smith Scholarship Fund* and/or **Five Hundred Dollars** from the *Earnest F. and Edna P. Aber Scholarship Fund*. A Recipient of an initial award shall be entitled to an additional award of **Three Thousand Dollars** from the *Alice Aber-Smith Scholarship Fund* and/or **Five Hundred Dollars** from the *Earnest F. and Edna P. Aber Scholarship Fund* in each of the three years next succeeding the year in which the initial award is paid to that recipient, provided that: (1) each prior award from *The Alice Aber-Smith Scholarship Fund* and/or *The Earnest F. and Edna P. Aber Scholarship Fund* has been used to finance his/her education at a qualified college or university; (2) the committee is satisfied that such Recipient continues to be of good general character, poise and conduct and; (3) such Recipient submits to the committee on or before the last day of April in the which an additional award may be made to that Recipient, written evidence satisfactory to the committee that such Recipient has, or will advance that year to his/her next higher

class of education together with a request for an additional award from ***The Alice Aber-Smith Scholarship Fund*** and/or ***The Earnest F. and Edna P. Aber Scholarship Fund***.

APPLICATION

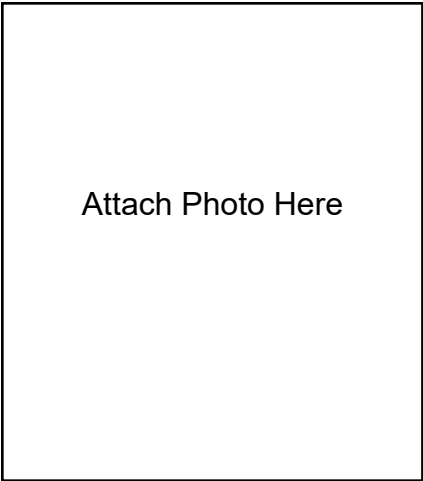
Only applications on this approved form are to be submitted no later than **April 15, 2019**. (Photocopies are permissible.)

REFERENCES

Using the attached Recommendation Form, please ask **one teacher; one person who is familiar with your out-of-school activities, work and community involvement; and your minister** to serve as references. Applicants should supply each reference with an appropriately addressed stamped envelope with each Recommendation Form to be **sealed and mailed directly to the Scholarship Award Selection Committee**. Appropriate addresses are located on the first page of this application.

GRADES

Please request school officials to forward transcripts of you grades and SAT scores and/or ACT scores to the appropriate address(es) located on the first page of this application.



IDENTIFICATION

Full Name: _____
 First Middle Last

Home Address: _____
 Street City State Zip

Home Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

E-mail: _____

Place of Birth: _____

Date of Birth: _____ Sex: _____

High School Graduating From: _____

Address: _____
 Street City State Zip

Date of Graduation: _____

B. WORK RECORD

List any jobs you have held, including part-time summer vacation work.
Attach additional page if needed.

Dates Employed From To	Employer	Type of Work	Rate of Pay

C. EDUCATIONAL PLANS

What college or university do you plan to attend?

What are your reasons for choosing this school?

What major or degree do you plan to pursue?

E. COMMUNITY ACTIVITIES

List Community Activities (i.e. Church organizations, scouting, hospital, etc.) and extra-curricular school activities that you have been involved in during the past four years.

CHURCH	FROM -TO		SCHOOL	FROM -TO		COMMUNITY	FROM -TO	

How do you intend to reinvest any knowledge and experience gained back into the community after you graduate from college?

F. COST OF COLLEGE (ANNUALLY)

Tuition and Fees	\$ _____
Books and Materials	\$ _____
Room and Board	\$ _____
Miscellaneous Expenses (Please List)	\$ _____
Total Expenses	\$ _____

G. HOW DO YOU PLAN TO MEET THESE COSTS?

Student Savings (earned by student)	\$ _____
Cash	\$ _____
Employment	\$ _____
Parents	\$ _____
Other Relatives	\$ _____
Other Scholarships You Know You Are Receiving (Please List)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other Financial Resources	\$ _____
Other Scholarships Applied For (Please List)	
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

H. REFERENCES

Please ask **one teacher; one person who is familiar with your extra-curricular activities; and your minister** to serve as your references. Applicants should supply each reference with an appropriately addressed stamped envelope with each Recommendation Form to be **sealed and mailed by the reference** to the Scholarship Selection Committee. Appropriate addresses are located on the first page of this application.

List below the names, addresses and occupation of each reference. For the teacher's occupation, list all subjects taught, e.g. English teacher, Math Professor, etc. If not a classroom teacher, list title held such as advisor, student counselor, high school principal, etc.

1.

Name		Occupation	
Street	City	State	Zip

2

Name		Occupation	
Street	City	State	Zip

3.

Name		Occupation	
Street	City	State	Zip

I. CERTIFICATION

I hereby certify that the foregoing information in this application is true and correct.

Date

Signed

Applicant

SCHOLARSHIP RECOMMENDATION

**PLEASE COMPLETE AND RETURN IN THE ENVELOPE
SUPPLIED NO LATER THAN APRIL 15, 2019.**

Scholarship Provider: *The Alice Aber-Smith Scholarship Fund* and/or
The Earnest F. and Edna P. Aber Scholarship Fund

Name of Applicant _____

How long and in what capacity have you known the applicant?

Please comment on the academic and/or personal characteristics of the applicant. Cite specifically aptitude for college level work, (if applicable) leadership ability, integrity, and any other attributes which you consider pertinent. Make an effort to distinguish this student from others by noting his/her particular strengths. Please comment on the character of the applicant and note any evidence that this applicant would reinvest any knowledge and experience gained back into the community. Please confine your comments to the space provided.

Date _____

Signature _____ Position _____

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Date _____

Signature _____ Position _____

J. PARENTAL/ GUARDIAN INFORMATION

To be filled out by parent or guardian of applicant.

Father of Applicant:

Name: _____

Address: _____
Street City State Zip

Occupation: _____ Years of service with employer _____

Name of Firm: _____

Mother of Applicant:

Name: _____

Address: _____
Street City State Zip

Occupation: _____ Years of service with employer _____

Name of Firm: _____

List dependents and their ages:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other children attending college next year and your contribution to each cost.

Name	College	Class	Cost to You
_____	_____	_____	_____
_____	_____	_____	_____

PARENTAL/ GUARDIAN INFORMATION CON'T-

Total Income and Taxable Income (husband and wife) for 2018 as reflected on your Federal Income Tax Return.

PLEASE PROVIDE A PHOTO COPY OF YOUR LATEST FEDERAL TAX RETURN WITH ALL SOCIAL SECURITY NUMBERS BLACKED OUT.

(All forms will be destroyed upon completion of the selection process.)

I hereby certify that the amount listed as parent's contribution represents the full extent of my ability to assist the applicant. I also certify that I have read this form as filled out by the applicant, and that I approve the application.

Date_____

Parent /Guardian_____

Parent /Guardian_____