

## Mulberry High School Alumni Association Scholarship Program

### **The Program**

Mulberry High School Alumni Association (MHSAA) has established a scholarship(s) program to assist students who were residents of Mulberry/Madison township when they completed their twelfth year of secondary education and have since completed at least the first year of undergraduate study. Scholarship(s) are offered each year for full-time study at an accredited institution of the student's choice.

The scholarship program is administered by the MHSAA Scholarship Committee. Awards are granted without regard to race, color, creed, religion, age, gender, disability or national origin.

### **Eligibility**

Applicants to the MHSAA scholarship program:

- Had to be a resident of Madison Township, Clinton County, Indiana, when they completed their last year of secondary studies.
- Must be enrolled in a full-time course of study at an accredited two- or four-year college, university or vocational-technical school.
- Full-time study is defined as 12 or more hours in each academic semester with two semesters per year.

### **Awards**

Scholarship(s) will be awarded for undergraduate study only.

### **Application**

Interested students must complete the attached application and mail it along with a complete official transcript of a) high school grades or the equivalent and b) all current college, university or vocational-technical school grades to MHSAA postmarked no later than June 30. On-line transcripts and grade reports are not acceptable.

Applicants are solely responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as thorough as possible. All information received is considered *confidential* and is reviewed only by the MHSAA Scholarship Committee. The Clinton County Community Foundation is the repository for all applications until Internal Revenue Service timelines have been met.

### **Selection of Recipients**

Scholarship recipients(s) are selected on the academic record, demonstrated leadership and participation in school and/or community activities, honors, work experience, goals and aspirations stated in the application, unusual or family circumstances, and an outside appraisal. Financial need will also be considered.

Selection of recipient(s) is made solely by the MHSAA Scholarship Committee. All applicants agree to accept the decision of the MHSAA Scholarship Committee as final.

Scholarship recipient(s) will be notified in August. Not all applicants to the program will be selected as recipient(s).

### **Payment of Scholarship(s)**

The Clinton County Community Foundation processes scholarship(s) payments on behalf of MHSAA. Checks are mailed to each recipient(s) home address and are made payable jointly to the student and the school and must be endorsed by both parties.

### **Additional Information**

Questions regarding the scholarship program should be addressed to:

Mulberry High School Alumni Association  
Scholarship Committee  
P.O. Box 612  
Mulberry, IN 46058-0612

## Mulberry High School Alumni Association Scholarship Program

The MHSAA Scholarship Committee has found it difficult to access the financial need of applicants. Therefore, please provide a current copy of your Free Application for Federal Student Aid (FAFSA). FAFSA forms are available online at [www.fafsa.ed.gov/](http://www.fafsa.ed.gov/). The original should be mailed to the following address: Mulberry High School Alumni Association, P.O. Box 612, Mulberry, IN 46058-0612. For additional information, please contact the MHS Alumni Association, at 765-296-3296 after 6 p.m., M-F or e-mail [hlvice@earthlink.net](mailto:hlvice@earthlink.net).

**Applicant Data** Last Name \_\_\_\_\_ First \_\_\_\_\_ MI. \_\_\_\_\_  
Permanent Home  
Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

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**Parent or Guardian Data** Last Name \_\_\_\_\_ First \_\_\_\_\_ MI. \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to applicant \_\_\_\_\_ Day Phone # (\_\_\_\_) \_\_\_\_\_  
E-mail Address \_\_\_\_\_

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**High School Data** School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

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**Post-Secondary School Data** Official name of school you attend. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
4 yr. College or University      2 yr. College or University  
Vocational-Technical School      Other, explain \_\_\_\_\_  
Major or course of study \_\_\_\_\_ Expected graduation date \_\_\_\_\_  
Degree sought Bachelor      Associate      Certificate      Other \_\_\_\_\_  
Student lives on campus      lives office campus      commutes from home

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**Work Experience** Describe your work experience during the last four years. Provide dates of employment, number of hours worked each week and pay scale per hour.

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\_\_\_\_\_

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\_\_\_\_\_

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**Activities Awards and Honors** List school and community activities in which you have participated in during the past four years. Include all special awards, honors and offices held. Indicate whether high school or college activities.

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\_\_\_\_\_

\_\_\_\_\_

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**Goals and Aspirations** Provide a brief statement or summary of your plans as they relate to your educational and career objectives and long term goals.  
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\_\_\_\_\_  
\_\_\_\_\_

**Unusual Circumstances** Please explain how and when any unusual family or personal circumstances have affected achievement in school, your work experience, or your participation in school and community activities.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transcript Data** Official academic transcripts from high school and post-secondary institutions must be submitted with this application. A responsible school official must sign each transcript and provide a clear explanation of the school's grading scale.

**Other Awards** Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award	Purpose to which award will be used	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Parents Financial Data** The applicant's parent(s) and/or guardian must complete this portion of the application. Financial data should be from the parent's or guardian's most recently filed tax return.  
Family's adjusted gross income \$ \_\_\_\_\_ (Form 1040)  
Family's Federal Tax Paid \$ \_\_\_\_\_ (Form 1040)  
Provide number of siblings still at home and their ages: \_\_\_\_\_  
\_\_\_\_\_  
Number of other members currently enrolled in post-secondary education \_\_\_\_\_  
What institution(s) do they attend? \_\_\_\_\_

**Certification** The **MHSAA** Scholarship Committee has the sole responsibility for selecting recipients as set forth in the program's descriptive narrative. This application becomes the property of **MHSAA** once submitted.

*I acknowledge decisions of the **MHSAA** Scholarship Committee are final. I certify that I meet the basic eligibility requirements of the program as outlined in this document and that the information provided is complete and accurate to the best of my knowledge. If requested I agree to provide proof of all information I have given including a copy of supporting Federal Income Tax Return(s). Falsification of information will result in termination of any scholarship granted.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

**Applicant Appraisal (Required)**

This section is required and must be completed in the format provided. If incomplete, your application will not be considered. This section is to be completed by a post-secondary counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the counselor, advisor, instructor or work supervisor:** You have asked to provide information in support of this application. Please give sufficient and serious attention to the following statements. When complete, please return the appraisal to the following address:

Mulberry HS Alumni Association  
Scholarship Committee  
P.O. Box 612  
Mulberry, IN 46058-0612

A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary program is	extremely appropriate	very appropriate	moderately appropriate	inappropriate
The applicant interacts with others	extremely well	very well	moderately well	not well
The applicant's ability to set realistic and attainable goals is	excellent	good	fair	poor
The applicant's commitment to higher education is	excellent	good	fair	poor
The applicant is able to seek, find, and use learning resources	extremely well	very well	moderately well	not well
The applicant demonstrates curiosity and initiative	extremely well	very well	moderately well	not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	extremely well	very well	moderately well	not well
The applicant's respect for self and others is	excellent	good	fair	poor

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Address \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_