

Charles A. Beard Memorial School Corporation
Board of School Trustees Scholarship
Application

Due Date: . April 10,2026

Name: _____ Social Security Number: _____

Address: _____

Telephone Number: _____

Name of Parent/Guardian: _____

Name of University, College, or Vocational/Tech School: _____

Address of School: _____

College/University: _____ Community College: _____ Voc/Tech: _____ Accredited: Yes _____ No _____

Enrolled Full-Time: _____ Half-Time or More _____ Less than Half-Time _____

Probable Area of Study: _____

IN SUBMITTING THIS APPLICATION, I CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF INFORMATION MAY RESULT IN TERMINATION OF ANY SCHOLARSHIP GRANTED.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Personal Data

Describe your work experience during the past four years. If you have not been employed, how have you spent your school vacation time?

Employer	Position	Dates of Employment	Hours Per Week

List all Extra-Curricular school and community activities that you have participated in during the past four years. Additional pages may be used.

Activity	How Long	Awards or Honors

Please write a paragraph describing your goals and why you want to attend college. Additional pages may be used.

Financial Assistance Questionnaire

Parent Information

Information on Income, expense, and asset data on this page should consist of the last calendar year. Please have your parent(s)/guardian(s) fill in the following section. They must also indicate whether the information is from:

- A completed tax return – IRS Form 1040 filing date of April 15 – this year.
- Estimates based on current income information to be filed this year.

- | | | |
|--|--|----------|
| 1. Adjusted Gross Income | | \$ _____ |
| 2. Total US Income Tax Paid | | \$ _____ |
| 3. Income Earned from Work by: | | |
| a. Father/Guardian | | \$ _____ |
| b. Mother/Guardian | | \$ _____ |
| 4. Untaxed Income and Benefits: Social Security, AFDC, ADC, other | | \$ _____ |
| 5. Medical/Dental Expenses not paid by Insurance | | \$ _____ |
| 6. Cash, Savings Bonds, Stocks, Checking Accounts, CD's, Notes, etc. | | \$ _____ |
| 7. Total Number of Exemptions | | \$ _____ |
| 8. Student's Savings | | \$ _____ |
| 9. Other Grants or Scholarships Already Awarded to Student | | \$ _____ |

Additional Information:

The parents' current marital status:

- Single Married Separated Divorced Widowed

Total number of family members who will be attending a post-secondary school at least half-time during the next school year, including applicant: _____

Age of Siblings: _____

Please report any unusual family or personal circumstances that you feel warrant attention:

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Scholarship Application Recommendation Form

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

The applicant's choice of post-secondary education is:

very appropriate moderately appropriate inappropriate

The applicant's achievements reflect his/her ability

very well moderately well not well

The applicant's ability to set realistic goals

excellent good fair poor

The applicant's commitment to school and community is

excellent good fair poor

Are there unique factors that make this applicant especially worthy of receiving this scholarship?

Please comment on the applicant's future potential.

Do you have additional comments that would help evaluate this applicant? (Attach additional pages if necessary.)

Signature _____ Date: _____

An academic transcript and list of extra-curricular activities are included in the student's application. It is not necessary to include this information. Please return this form to the scholarship organization or to the student in a **sealed** envelope.