



## 4-YEAR UNIVERSITY PROGRAM SCHOLARSHIP APPLICATION

This scholarship is awarded to outstanding graduates of accredited high schools in Colorado or Wyoming. Applicants must have a minimum cumulative high school GPA of 3.0 and must enroll in an accredited university, college, or vocational, trade, or associate degree program located in Colorado or Wyoming.

**Students with a cumulative high school GPA of 3.8 or higher** will be considered for a first-year full-ride scholarship, which includes tuition, mandatory fees, and on-campus living expenses. Following the first year, recipients may receive renewal awards covering full tuition and mandatory fees for up to four academic years total, provided all eligibility and performance requirements continue to be met. The maximum cumulative award for four-year recipients will not exceed \$190,000.

**Students with a cumulative high school GPA of 3.0 to 3.79** may be awarded a flat annual scholarship amount. These recipients are eligible to reapply each year, subject to continued compliance with all eligibility and academic requirements.

|                |                |     |  |
|----------------|----------------|-----|--|
| Applicant Name |                |     |  |
| Address        |                |     |  |
| City           | State          | Zip |  |
| Phone          |                |     |  |
| Email          |                |     |  |
| Date of Birth  | Place of Birth |     |  |
| High School(s) |                |     |  |
| Attended       | Location(s)    |     |  |
| Years Attended | GPA            |     |  |

- ☐ My GPA is 3.0 – 3.79 (I'm applying for a partial scholarship)
- ☐ My GPA is 3.8 or higher (I'm applying for a full-ride/full-tuition renewable scholarship)

|                                                                     |          |
|---------------------------------------------------------------------|----------|
| School you intend to attend                                         | Location |
| Field of study or certification                                     |          |
| Father's Name                                                       |          |
| Mother's Name                                                       |          |
| Guardian's Name<br>(if different from Mother or Father)             |          |
| Excluding applicant,<br>number of children in family and their ages |          |

### Janet D. Shea Educational Foundation

1001-A E. Harmony Rd., #326 | Fort Collins, Colorado 80525 USA | 970.303.9603  
www.JanetDSheaEducationalFoundation.org | foundation@janetdsheaeeducationalfoundation.org



APPLICANT NAME: \_\_\_\_\_

Are there any special circumstances relating to you or your family you would like the Selection Committee to consider?

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**When submitting this application, please remember the following items that must be included in your submission:**

1. Include a list any activities, organizations, offices, committees and honors that have been important to you on Page 3 of this application.
2. Include a minimum of two recommendations from individuals familiar with your academic ability, character or work ethic and provide contact information for your references on Page 4 of this application.
3. Include a 500- to 750-word essay describing your educational goals, intended career path and anticipated contribution to community or society.
4. Include a copy of your Letter of Acceptance from your chosen university.
5. Include transcripts from your high school.

**ACKNOWLEDGEMENTS AND DISCLOSURES**

I certify, by signing this application, that I am a US Citizen.

I agree by signing this application and checking the boxes below that, if chosen, I will adhere to the following requirements:

- ☐ I will be enrolled in no less than 12 credit hours each semester
- ☐ I will maintain a cumulative GPA of 3.5 or higher while enrolled to be considered for a full-ride / full-tuition renewal
- ☐ After each grading period, I will submit a summary letter and cumulative transcripts to the Janet D Shea Educational Foundation for review

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Student Name

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Student Signature

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Date



APPLICANT NAME: \_\_\_\_\_

## ACTIVITIES FORM

Complete the following information regarding your school and community activities as part of the requirements of the application form. Put an "X" in the grade applicable; select those activities most important to you.

### Student Activities

| 9 | 10 | 11 | 12 | School Organization | Award / Distinction |
|---|----|----|----|---------------------|---------------------|
|   |    |    |    |                     |                     |
|   |    |    |    |                     |                     |
|   |    |    |    |                     |                     |

| 9 | 10 | 11 | 12 | Sports | Award / Distinction |
|---|----|----|----|--------|---------------------|
|   |    |    |    |        |                     |
|   |    |    |    |        |                     |
|   |    |    |    |        |                     |

| 9 | 10 | 11 | 12 | Activities in the Arts | Award / Distinction |
|---|----|----|----|------------------------|---------------------|
|   |    |    |    |                        |                     |
|   |    |    |    |                        |                     |
|   |    |    |    |                        |                     |

### Community Activities

| 9 | 10 | 11 | 12 | Activities within Community | Award / Distinction |
|---|----|----|----|-----------------------------|---------------------|
|   |    |    |    |                             |                     |
|   |    |    |    |                             |                     |
|   |    |    |    |                             |                     |

### Work Experience

| 9 | 10 | 11 | 12 | Employer / Type of Work | Award / Distinction |
|---|----|----|----|-------------------------|---------------------|
|   |    |    |    |                         |                     |
|   |    |    |    |                         |                     |
|   |    |    |    |                         |                     |
|   |    |    |    |                         |                     |



APPLICANT NAME: \_\_\_\_\_

## REFERENCE/RECOMMENDATION CONTACT INFORMATION FORM

Attach a minimum of two recommendations from individuals familiar with your academic ability, character or work ethic. Additionally, provide contact information below for each recommendation included in your application submission:

| Name | Email | Cell Phone Number |
|------|-------|-------------------|
|      |       |                   |
|      |       |                   |
|      |       |                   |
|      |       |                   |
|      |       |                   |