

Class of 2019

Scholarship Application

Cass County Area Retired Teachers Scholarship

\$1000

Deadline to Apply: MARCH 15, 2019

WHAT DO I NEED TO INCLUDE????

COMPLETED APPLICATION

OFFICIAL TRANSCRIPT

COLLEGE ACCEPTANCE LETTER

COUNSELOR SIGNATURE

ESSAY

WHERE TO RETURN COMPLETED APPLICATION?

ABBY LUNDY

ACHIEVE CENTER

CASS COUNTY AREA RETIRED TEACHERS SCHOLARSHIP APPLICATION

STUDENT

Name: _____ Age: _____

Home Address: _____

County of Residence: _____

PARENT

Mother's Name: _____

Mother's Address: _____

Mother's Telephone (_____) _____

Mother's Employer: _____ Occupation: _____

Father's Name: _____

Father's Address: _____

Father's Telephone (_____) _____

Father's Employer: _____ Occupation: _____

LEGAL GUARDIAN (If other than parent/parents): _____

Guardian's Address: _____

Guardian's Telephone: (_____) _____

BROTHERS/SISTERS

How many brothers and sisters under the age of 18 live at home? _____

How many brothers and sisters are currently attending college full time? _____

EXTRA-CURRICULAR ACTIVITIES

List activities including school, church, community, and volunteer:

List Offices Held:

List Honors and Awards:

EMPLOYMENT

List Present/Past employers, type of work and dates of employment. List the most recent first.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

COLLEGE APPLICATIONS

List the Colleges you plan to apply to for the study of Education:

COLLEGE	TEACHING LEVEL	SUBJECT
1. _____		
2. _____		
3. _____		

COLLEGE COST

Approximate the cost per year: \$ _____

How much money do you personally have to contribute to your education?

\$ _____

What is your EFC # number from your FAFSA? _____

What other scholarships or financial aid do you expect to receive? Please list:

Please explain any special circumstances which will assist us in considering your application, such as how much your parents will be able to contribute. (Use back side as needed)

What qualities do you have that you believe will make you a good teacher? (Use back side as needed)

I, _____ grant permission to (counselor) _____
_____ to release school records and/or information in the evaluation of my
Qualification for the Cass County Area Retired Teachers Scholarship.

Student Signature: _____

Parent Signature: _____

Counselor Signature: _____

Date: _____

***AN OFFICIAL COPY OF YOUR HIGH SCHOOL TRANSCRIPT MUST BE INCLUDED WITH THIS APPLICATION IN ORDER FOR THE APPLICATION TO BE CONSIDERED.**

CONFIRMATION OF ENROLLMENT IN COLLEGE WILL BE REQUIRED BEFORE SCHOLARSHIP FUNDS ARE DISBURSED. TYPES OF CONFIRMATION INCLUDE:

- 1. A DUPLICATE OF THE COLLEGE FEES ON THE OFFICIAL COLLEGE FORM.**
- 2. A DUPLICATE OF THE COLLEGE COURSES YOU ARE ENROLLED IN THE FIRST SEMESTER ON OFFICAL COLLEGE FORM.**

AFTER RECEIPT OF ONE OF THE TWO CONFIRMATIONS, A CHECK MADE OUT TO THE COLLEGE WILL BE SENT TO YOU. PLEASE GIVE THE CHECK TO THE COLLEGE.

CCARTA SCHOLARSHIP

Cass County Area Retired Teachers Association

TO BE COMPLETED BY THE DIRECTOR OF GUIDANCE OR SENIOR COUNSELOR

Student's Name: _____

Class rank: _____ Number of Students in class: _____ GPA: _____

SAT Scores: Total: _____ Critical Reading: _____ Math: _____ Writing: _____

ACT Scores: Total: _____

Student's Proposed Graduation Diploma: Academic Honors: _____ Core 40: _____

Regular: _____ Other: _____

Counselor's name (Printed) _____

Counselor's Signature: _____

Counselor's e-mail: _____

Name and Address of High School: _____

School Telephone: ()- _____ - _____