

INDIANA REGION NATIONAL COUNCIL OF CORVETTE CLUBS SCHOLARSHIP APPLICATION

Fill out all items accurately and completely. Errors and omissions will delay processing.

Completed application must be received by June 1, 2019.

Please print or type.

Return all forms to: **Indiana Region NCCC Scholarship Committee**
2578 S 850 W
Kimmell, IN 46760.

FULL LEGAL NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH _____ / _____ / _____
MONTH DAY YEAR

SOCIAL SECURITY NUMBER _____ - _____ - _____

HOME ADDRESS _____
NUMBER AND STREET

CITY STATE ZIP HOME PHONE

COUNTRY OF CITIZENSHIP _____

STATE OF CLAIMED RESIDENCE _____

PARENTS OR GUARDIANS _____
FULL NAMES

NUMBER AND STREET

CITY STATE ZIP

AFFILIATION WITH INDIANA REGION NCCC

PROVIDE A BRIEF DESCRIPTION OF APPLICANT'S AND FAMILY'S INVOLVEMENT

YOUR NCCC NUMBER _____ CLUB AFFILIATION _____

FATHER'S NCCC NUMBER _____ CLUB AFFILIATION _____

MOTHER'S NCCC NUMBER _____ CLUB AFFILIATION _____

OTHER RELATIVE NCCC NO _____ CLUB AFFILIATION _____

IDENTIFY OTHER RELATIVE _____

YOUR EDUCATION

HIGH SCHOOL GRADUATION DATE _____

HIGH SCHOOL FROM WHICH YOU
WILL OR DID GRADUATE

NAME OF INSTITUTION _____

STREET ADDRESS _____

SAT/ACT DATES

SAT DATE _____ PLACE TAKEN _____

ACT DATE _____ PLACE TAKEN _____

HIGH SCHOOL EXTRA CURRICULAR ACTIVITIES

HIGHER EDUCATION

LIST ALL COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED OR CURRENTLY ATTENDING
INSTITUTION CITY AND STATE DATES

GPA

INSTITUTION WHICH HAS ACCEPTED YOU _____

NAME OF INSTITUTION

SIGNATURE

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND TRUE. I UNDERSTAND THAT FALSIFIED INFORMATION MAY RESULT IN DENIAL OF INDIANA REGION NCCC SCHOLARSHIP BENEFITS.

Under the Federal Family Educational Rights and Privacy Act of 1974 students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please indicate below and sign your name.

I waive my right to review this recommendation

I do not waive my right to review this recommendation

Applicant's signature _____ Date _____

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TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR. ALL APPLICANTS MUST HAVE THIS SECTION COMPLETED.

HIGH SCHOOL CLASS RANKING _____ AFTER _____ SEMESTERS
PLEASE INDICATE IF SCHOOL DOES NOT RANK STUDENTS.

GRADE POINT AVERAGE _____ / _____
G.P.A. SCALE

TEST SCORES

SAT: DATE _____ V _____ M _____
DATE _____ V _____ M _____
PSAT: DATE _____ V _____ M _____
ACT: DATE _____ E _____ M _____ R _____ SR _____ C _____
DATE _____ E _____ M _____ R _____ SR _____ C _____
PACT: DATE _____ E _____ M _____ R _____ SR _____ C _____

COMMENT

INFORMATION RELATIVE TO AN ADMISSIONS DECISION IS REQUESTED

PLEASE INCLUDE A TRANSCRIPT OF HIGH SCHOOL WORK THROUGH THE JUNIOR YEAR

NARRATIVE EVALUATION:

WE APPRECIATE THE DIFFICULTY OF EVALUATING A STUDENT ON THE BASIS OF RANKING ON A GRID. PLEASE USE THIS SPACE FOR NARRATIVE EVALUATION. WE ARE ESPECIALLY INTERESTED IN THE INTANGIBLE QUALITIES WHICH OFTEN CONTRIBUTE TO ACADEMIC SUCCESS. A LETTER MAY BE ATTACHED IF PREFERRED.

SIGNATURE

SIGNATURE OF COUNSELOR

PRINTED NAME

DATE

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ESSAY

WRITE A 300 WORD ESSAY, IN YOUR OWN HANDWRITING AND ON THIS SHEET, OUTLINING YOUR REASONS FOR APPLYING FOR THIS SCHOLARSHIP AND YOUR CAREER GOALS

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INDIANA REGION NATIONAL COUNCIL OF CORVETTE CLUBS SCHOLARSHIP

RULES AND REQUIREMENTS OF THE SCHOLARSHIP

The Indiana Region NCCC scholarship will be given for the purpose of assisting a person with an Indiana Region NCCC affiliation in the continuation of his/her formal education. Any continuing education program is acceptable; any school or college having any curriculum. Some preference may be given to recent graduates and high school seniors. The award will be for one year. Previous winners are eligible. No financial need requirement is to be established.

THE APPLICANT

1. A close involvement with NCCC for a minimum period of three years; either as an Indiana Region NCCC member or a legal member of the immediate family of an Indiana Region NCCC member-child or grandchild.
2. A High School Diploma or the anticipation of a High School diploma before the time that the scholarship is awarded. A copy of the diploma must be provided before an award can be presented.
3. College students must submit a copy of their college transcripts.
4. High School Students must submit a copy of their High School transcript.
5. An academic standing in High School in the upper third of the High School graduating class.
6. A record of involvement in some extracurricular activities in high school or college. This information should be listed in letters of recommendation.
7. A letter of acceptance from the institution for which the scholarship is to be awarded.
8. A brief 300 word essay included with the application outlining the applicant's reasons for wanting the scholarship and the applicant's career goals.
9. Two letters of recommendation from Academic Professionals who are qualified to evaluate the applicant's potential.
10. One letter of recommendation from an Officer from the NCCC Club that the parent or grandparent is a member of. Example: President, Vice President, Governor, Treasurer, or Secretary. This letter should outline the involvement with the club in the last three years..
11. The completed application must be received by June 1, 2019 in order to be considered. The applicant will be responsible for submitting all required items before June 1, 2019. Be sure to provide addressed and stamped envelopes for the people you are asking to give evaluations and recommendations.

Although the Indiana Region NCCC Scholarship is an award of money which does not necessarily need to be repaid, it would be appreciated if the recipient would consider contributing to the Indiana Region NCCC Scholarship Fund in some future time following the completion of his/her education.

INDIANA REGION NATIONAL COUNCIL OF CORVETTE CLUBS SCHOLARSHIP

RECOMMENDATION FOR SCHOLARSHIP

TO THE APPLICANT: Please complete the top section of this form.

Full Legal Name _____

last
first
middle

Present Address _____

number and street
city
state
zip

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TO THE PERSON PROVIDING THIS RECOMMENDATION: PLEASE COMPLETE THIS SECTION AND MAIL TO THE ABOVE ADDRESS.

I have known the applicant for _____ years in my capacity as _____

1. Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number

	No Basis For Judgment	Weak	Below Average	Average	Above Average	Exceptional
A. Motivation	0	1 2	3 4	5 6	7 8	9 10
B. Intellectual Ability	0	1 2	3 4	5 6	7 8	9 10
C. Breadth of General Knowledge	0	1 2	3 4	5 6	7 8	9 10
D. Understanding of Major Field	0	1 2	3 4	5 6	7 8	9 10
E. Ability to Analyze Ideas	0	1 2	3 4	5 6	7 8	9 10
F. Ethical Standards and Integrity	0	1 2	3 4	5 6	7 8	9 10
G. Oral English and Expression Skills	0	1 2	3 4	5 6	7 8	9 10
H. Written English Expression Skills	0	1 2	3 4	5 6	7 8	9 10
I. Potential for Success	0	1 2	3 4	5 6	7 8	9 10
J. Promise in Scholarship/Creative Endeavor	0	1 2	3 4	5 6	7 8	9 10
K. Overall, I expect the applicant's work to be:	0	1 2	3 4	5 6	7 8	9 10

2. On a separate page that you attach to this form, please provide your candid assessment of the applicant's strengths and weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success?

Respondent's Signature
Date
Telephone Number

Type or Print Name
Title or Position

Institution or Affiliation
Address

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