

# 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, 2024.**

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

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## HIGHER EDUCATION

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

GPA

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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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 I do not waive my right to review this recommendation

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_

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

The completed application must be received by June 1, 2024.



# **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. Must have a High School Diploma or the anticipation of a High School diploma before the time that the scholarship is awarded.
3. A copy of the diploma must be provided before an award can be presented.
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. College students must submit a copy of their college transcripts.
7. A record of involvement in some extracurricular activities in high school or college. This information should be listed in letters of recommendation from your Counsel or Advisor, Academic Professional or Non-Academic Professional.
8. A letter of acceptance from the institution for which the scholarship is to be awarded.
9. A brief 300 word essay included with the application outlining the applicant's reasons for wanting the scholarship and the applicant's career goals.
10. One letter of recommendation from Academic Professionals who are qualified to evaluate the applicant's potential.
11. One letter of recommendation from a Non-Academic Professional who is qualified to evaluate the applicant's potential
12. 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 member's involvement with the club in the last three years.
13. The completed application must be received by June 1, 2024 in order to be considered. The applicant will be responsible for submitting all required items before June 1, 2024. 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 \_\_\_\_\_  

zip
number and street
city
state

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I do not waive my right to review this recommendation

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**Send this recommendation to: Indiana Region NCCC Scholarship Committee, 2578 S 850 W, Kimmell, IN 46760.  
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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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Type or Print Name \_\_\_\_\_ Title or Position \_\_\_\_\_

Institution or Affiliation \_\_\_\_\_ Address \_\_\_\_\_

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Type or Print Name \_\_\_\_\_ Title or Position \_\_\_\_\_

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