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|  | Chippewa County Community Foundation |

# Emily and Frank Smiddy STEM Scholarship

# Who can apply:

# Any student graduating from a high school in Chippewa County and Cedarville High School.

# Criteria:

# Must be pursuing a career in STEM – Science, Technology, Engineering or Math and attending an accredited college/university.

# Must be willing to participate in an interview with the Scholarship Selection Committee

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

## High School Education

|  |  |
| --- | --- |
| High School: | Graduation Date: |

|  |  |  |
| --- | --- | --- |
| Test Score: | ACT | SAT |

## Higher Education Information

|  |
| --- |
| Name of School Attending: |

|  |
| --- |
| Address: |

|  |  |
| --- | --- |
| Will you be a full-time student: | Will you be attending a full academic year: |

|  |  |
| --- | --- |
| If no for either question, please explain: |  |

|  |  |  |
| --- | --- | --- |
| Degree you will be pursing: | Major: | Minor: |

Completed application and all required attachments must be turned into the Chippewa County Community Foundation by the **April 15th deadline**.

Mail to: CCCF, PO Box 1979, SSM, MI 49783 (second floor of Huntington Bank – Suite 202).   
PH: 906-635-1046 Email:cccf@lighthouse.net www.chippewacountycommunityfoundation.org

**SCHOLARSHIP APPLICANT REQUIREMENTS:**

* Applicant must be graduating from a high school in Chippewa County and/or Cedarville High School.
* If a student changes their major to a non-STEM path, they will still be eligible as long as they can demonstrate a successful plan for matriculation.
* Financial need shall be considered but is not required.
* GPA shall be considered, but not a deciding factor.

**REQUIRED ATTACHMENTS TO APPLICATION**

1. Financial Information Form (College will mail directly to the Chippewa County Community Foundation)
2. High school transcript listing all classes taken and grades received 9th through 12th grade.
3. SAT/ACT Score: Individual English, Mathematics, Reading, Science plus Composite. SAT scores are an acceptable alternative.
4. Written narrative that includes:
   1. An essay explaining why you chose STEM as a career path and your future plans.
   2. A list of extracurricular activities - school, community, sports and home related
   3. List of volunteer and/or community service activities
   4. List of your work experience
   5. A statement why you should be granted this scholarship
5. List of awards/honors received.

**Scholarship Distribution**

1. It is the Donors’ intent to support one new student per year.
2. The scholarship may be renewed up to three times as long as the student is in good academic standing based on GPA and transcripts.
3. The scholarships will be disbursed as follows:
   1. 15% - Year 1
   2. 20% - Year 2
   3. 30% - Year 3
   4. 35% - Year 4
4. Students will need to submit their transcript and up-coming class schedule to CCCF each year by August 15th. Students must maintain a 2.5 GPA to keep the scholarship. If a student falls below a 2.5 GPA he/she will forfeit the funds for the upcoming year. If the next year the student’s GPA is above 2.5, he/she can have the scholarship reinstated. It will be the student’s responsibility to inform CCCF that he/she is meeting the renewal criteria.
5. Transcripts, fall schedules and letter are due by August 15th. Documentation should be mailed to CCCF, PO Box 1979, Sault Ste. Marie, MI 49783 or emailed to [cccf@lighthouse.net](mailto:cccf@lighthouse.net).
6. Following graduation, the student will submit a letter stating his/her post-graduation status.

**FINANCIAL INFORMATION FORM**

**Financial Information** **Form** (please read instructions carefully): ***Student,*** complete the top section and submit this Financial Information Form to the Financial Aid Office of your first-choice academic institution. Ask them to complete the form and **return to the Chippewa County Community Foundation no later than April 15th**. Be sure to allow the Financial Aid Office at least three weeks to process. It is your responsibility to follow-up with the Financial Aid office to ensure the form is received on time.

|  |  |  |
| --- | --- | --- |
| Name: | Phone: | |
| Address: |  | |
| Student # or Last 4 digits of your Social Security #: | | Date of Birth: |

**Authorization to Release Information:**   
  
I authorize (name of college/university): [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**]** to provide the information requested below to the Chippewa County Community Foundation for scholarship consideration:

|  |  |
| --- | --- |
| Student Signature: | Date: |
| Parent’s (or Guardian) Signature: | Date: |

\*\*STUDENT STOP HERE – Send this form to your college Financial Aid Office\*\*  
**Information below must be completed by a College Financial Aid Officer**

**To the Financial Aid Officer**: The above-named student is applying for at least one Chippewa County Community Foundation Scholarship. Please complete the following information and return to the Foundation by April 15th.

|  |  |
| --- | --- |
| Applicant is considered:  Independent | Applicant is considered:  Dependent |
| Applicant’s Adjusted Gross Income $: | Parent(s)’ Adjusted Gross Income $: |
|  |  |
| Total dependents other than spouse: | Total size of parent(s)’ household: |

The information presented below is based on:  Current Year FAFSA  Previous Year’s FAFSA

|  |
| --- |
| Cost of Attendance: $ |
| Scholarships: $ (Institutional, athletic & outside scholarships) |
| Grants: $ (pell, SEOG, institutional, etc.) |
| Other Sources: $ (TIP, Native American Tuition Waiver, Veteran’s benefits, etc.) |
| Will receiving a scholarship from the Chippewa County Community Foundation reduce the student’s need-based aid:  Yes  No | | |
| If so, how? | | |
| Name of person completing form: | | Title: |
| College/University: | Address: | |

Mail or email to the Chippewa County Community Foundation by **April 15th.** PO Box 1979, Sault Ste. Marie, MI 49783  
EMAIL: [cccf@lighthouse.net](mailto:cccf@lighthouse.net) 906-635-1046