

**McCulloch County Child Welfare Board Scholarship Application:**

\_\_\_\_ McCulloch County General Scholarship Application

\_\_\_\_ Transcript

\_\_\_\_ Proof of acceptance to a college, trade school, or university (can be a copy of an email or letter of acceptance)

\_\_\_\_ Essay: Attach a 200-word essay that describes a topic, idea, or concept that you find so engaging that it makes you lose all track of time. Why does it captivate you? What or who do you turn to when you want to learn more?

\_\_\_\_ Essay: Attach a 200- word essay on the following: The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?

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Due to Mrs. Weeks

ASAP  
(4/29)  
at latest

# McCulloch County General Scholarship Application

**Please use this application for all local scholarships that accept the McCulloch County General Scholarship Application.**

Scholarship Name \_\_\_\_\_

## Applicant's Information

Senior's Name \_\_\_\_\_

High School Attended:  Brady HS  Lohn HS  Rochelle HS

Senior's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## Family Information

Parent/Guardian's Name \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

If you have siblings, please provide the following information

Name of Sibling	Age	School Attending	Will This Sibling Also Be in College Next Year?
			<input type="checkbox"/> Yes ___ No
			<input type="checkbox"/> Yes ___ No
			<input type="checkbox"/> Yes ___ No
			<input type="checkbox"/> Yes ___ No

### Work Experience

Please provide any work experience while you have been in high school. If you have not worked, you can leave this section blank.

Name of Employer	Position	Hours per Week	Special Skills Developed As Part of Your Job

### Postsecondary Plans

Select the type of postsecondary option you plan to pursue after high school

Certificate  Associate's Degree  Bachelor's Degree

Names and Location of Postsecondary Institution You Have Chosen to Attend

School Name \_\_\_\_\_

Location \_\_\_\_\_

Type of Postsecondary Institution  Trade School  Community College  University

Proof of Acceptance Can Be Provided  Yes  No

Intended Major or Program \_\_\_\_\_

Types of Financial Aid for Which You Have Applied or Are Eligible to Receive

FAFSA submitted

University-Specific Aid

Other Outside Scholarships

GI Bill Benefits

Other \_\_\_\_\_

Estimated Amount of Total Aid for 2025-26 (if you have that information at this time)

\_\_\_\_\_



**Community Involvement/Volunteerism**

Name of Organization/Project/Club	Leadership Roles (if any)	Estimated Hours Involved	Description (Provide any additional details to help us understand your involvement/role)

**Special Skills/Talents/Hobbies**

If there is something unique about you that does not fit neatly into one of the categories above, please use the space below to list and/or describe them.


**Other Information**

Use the space below to provide the committee with any other information that would be helpful to the scholarship committee members to know about you when reviewing your application, such as extenuating family circumstances, obstacles/hurdles you have overcome, etc.


**Be sure to include any additional items required for this scholarship as per the scholarship checklist.**

**Statement of Accuracy/Understanding/Responsibilities**

- I hereby attest that the information provided in this application is true and correct.
- I understand that I am solely responsible for knowing scholarship requirements, completeness and quality of my application.
- I understand I will not be given an opportunity to add additional information/documentation after the scholarship deadline.
- I am aware I must provide proof of enrollment in colleges classes (if required) if this is a one-time award, or annually provide proof of enrollment in college classes and/or college grades (if required) if this is a renewable award.
- I authorize use of the information contained on this application by the organization sponsoring the scholarship.
- I also understand that all scholarship committees' decisions are final.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_