



Chippewa County Community Foundation

John & Charlotte Firack Family Scholarship in Memory of Beverly Ann Firack

Who can apply:

Any student graduating from DeTour Area High School. (In the absence of a DeTour graduate, the scholarship may be awarded to a Pickford student.)

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 pursuing: _____ 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 or Drop Off: second floor of Huntington Bank – Suite 202
or Email: cccf@lighthouse.net PH: 906-635-1046 www.chippewacountycommunityfoundation.org

SCHOLARSHIP APPLICANT REQUIREMENTS:

- Applicant must be graduating from DeTour Area High School (If there are no DeTour applicants a Pickford High School graduate applicant may be awarded the scholarship.)
- Preference may be given to a student with financial need.

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:
 - a. A list of extracurricular activities - school, community, sports and home related
 - b. List of volunteer and/or community service activities
 - c. List of your work experience
 - d. A statement why you should be granted this scholarship
 - e. List of awards/honors received



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: <input type="checkbox"/> Independent	Applicant is considered: <input type="checkbox"/> 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: _____

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 EMAIL: cccf@lighthouse.net 906-635-1046