CHIPPEWA COUNTY community foundation™

Charlie Pennington Memorial Scholarship

Who can apply: Students graduating from Pickford High School

Criteria:

- Must demonstrate financial need
- Applicants must be enrolled in an accredited vocational, trade or career training school

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 Pickford Scholarship Committee

BY APRIL 15, 2026

SCHOLARSHIP REQUIREMENTS:

Applicant must obtain a GED and/or graduate from Pickford High School

Applicant must be attending a post-high school career training/education school. Scholarship will pay for up at an Associate's Degree. This scholarship is renewable for one year as long as student continues to meet the eligibility requirements and are in good standing at the educational institution in which they are attending.

Applicant must submit an essay as to why they feel they should receive this scholarship and if they are chosen how they will " Pay It Forward".

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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 this 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 it to the Foundation by April 15th.

The information present below is based on : ☐ Current Year FASFA ☐ Previous Year's FASFA

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: _____

If yes, how?_____

Name of person completing the form:_____ Title:_____

College/University:_____

Address:_____

Mail or email to the Chippewa County Community Foundation by **April 15th.**
PO Box 1979
Sault Sainte Marie, MI 49783

EMAIL: info@chippewacountycf.org
PHONE: 906-635-1046