



# Grant Christensen Memorial Scholarship

(Young Parent Only)

Grant Christensen Memorial Scholarship provides financial support to students who are marginalized due to financial hardships through its *scholarship fund*. The organization provides students with the financial ability to attend at least one semester of a higher educational institution. Grant Christensen Memorial believes in enabling students with the opportunity of higher education in an effort to empower individuals with the support and encouragement to excel both academically and personally.

## ELIGIBLE RECIPIENTS

At the time the application is submitted, an eligible scholarship recipient is a person who:

- A. Has met the selection criteria described herein
- B. Is a high school graduate within Granite School District and parent to a minor child
- C. Has applied to college, University or a technical school (must be a “not for profit” educational institution), college, or university prior to the scholarship application deadline. (Scholarships are awarded based on merit, need or a combination of both). The purpose of the Scholarship is to provide financial assistance to students working on their undergraduate degree

## DURATION AND MAXIMUM AMOUNTS

- A. A student may be awarded a scholarship for a period of one semester
- B. A scholarship will not exceed \$1,000 total
- C. A scholarship award will be used only for tuition and will be paid directly to the educational institution
- D. In the event of untimely withdrawal from school, a repayment plan to the Foundation must be discussed

## SELECTION CRITERIA

Scholarships may be awarded to individuals:

- A. Who have demonstrated the ability to earn a degree or vocational certificate based on one or more of the following
  - 1. A grade point average of 2.0 or higher
  - 2. Have taken the S.A.T. or A.C.T. examinations
  - 3. Regular participation in school or community sponsored extracurricular activities
- B. Who show sincere desire and commitment to obtain a degree or vocational certificate

- C. Who demonstrate a reasonable need for financial assistance from the Grant Christensen Memorial Scholarship Fund
- D. Who are not the recipients of other full scholarships.
- E. Who in the judgment of the Scholarship Committee are persons of good judgment, morals, discipline, and character

## **SCHOLARSHIP MAINTENANCE**

- A. In the judgment of the Scholarship Committee, satisfactory progress is being made towards a degree or certificate. Deferments not in excess of two years for such absences as government (military), religious or institutional service shall not be considered as lack of progress.
  - 1. A request for a scholarship award deferment must be submitted in writing and clearly state the reason and length of time needed (not to exceed two years).
  - 2. Student is required to take 12 credit hours or more(full-time).

GRANITE EDUCATION FOUNDATION



# Grant Christensen Memorial Scholarship

(Young Parent Only)

## Scholarship Requirements and Deadlines

The completed application, including grade transcripts, essay, and letters of recommendation must be submitted on or before **April 5, 2019**, close of business day.

**LATE, INCOMPLETE OR HAND-WRITTEN APPLICATIONS WILL NOT BE CONSIDERED, NO EXCEPTIONS.**

**Checklist of the items needed by April 5, 2019 to complete your application:**

- ☐ Application (Typed)
- ☐ Grade Transcripts, including 1st and 2nd Quarters of Senior Year
- ☐ Personal Essay
- ☐ Three Letters of Recommendation submitted by:
  - ☐ Counselor, Teacher, or Administrator
  - ☐ Counselor, Teacher, or Administrator
  - ☐ Current or former employer or community leader

Distribute the three Applicant Recommendation forms. Give two of them to teachers, counselors, or administrators in your current school. Give the third recommendation form to a current or former employer, or to a community leader who has personal knowledge of your character and talents. Remind the individuals completing the recommendations that **their responses must be typed or clearly written and may also be submitted on a separate sheet.** It is recommended that you include with each form a stamped envelope addressed to:

Granite Education Foundation  
2500 State Street, D108  
Salt Lake City, UT 84115  
385-646-KIDS (5437)

## APPLICATION

---

---

**School Activities (clubs, offices, honors):**

---

---

---

**Community Activities:**

---

---

---

**Work Experience (employer & duration):**

---

---

---

**Other Interests:**

---

---

---

**College or University you are planning to attend:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City**

**State**

**Zip**

**Have you been accepted?**      **Yes** \_\_\_\_\_      **No** \_\_\_\_\_

**Intended College Major:** \_\_\_\_\_

**What are your career goals?**

---

---

---

## **PART II: PERSONAL STATEMENT**

In addition to your academic achievements, please type one-page detailing why you want to pursue higher education. Describing your qualities, attributes, and service contributions in support of your request for financial assistance through the generosity of the Grant Christensen Memorial Scholarship fund. Please include any financial restraints.

The foregoing statements are true and correct to the best of my knowledge.

---

**Signature of Applicant**

---

**Date**

## APPLICANT RECOMMENDATION

To be completed by a teacher, counselor, or administrator at the applicant's high school.  
Please type or write clearly

Applicant's Name \_\_\_\_\_

The above-named applicant is applying for the Grant Christensen Memorial Scholarship. The *Applicant Recommendation* is a mandatory component of the Scholarship Application and must be received by the Scholarship Committee no later than **April 5, 2019**. The information provided herein will be held in confidence and used only by the Scholarship Committee in its discernment process.

1. What is your relationship to the applicant?      Teacher \_\_\_\_\_ Counselor \_\_\_\_\_  
Administrator \_\_\_\_\_ Other \_\_\_\_\_
2. On a scale of 1 to 5 (*1 low, 5 clearly superior*) does the applicant perform to the best of his/her Ability? \_\_\_\_\_
3. In general, is the applicant respected by fellow students?    Yes \_\_\_\_\_ No \_\_\_\_\_
4. In general, is the applicant respected by faculty and staff?    Yes \_\_\_\_\_ No \_\_\_\_\_
5. On a scale of 1 to 5 (*1 low, 5 clearly superior*) does the applicant demonstrate:

INTEGRITY	1 _____	2 _____	3 _____	4 _____	5 _____
HONESTY	1 _____	2 _____	3 _____	4 _____	5 _____
ACADEMIC ACHIEVEMENT	1 _____	2 _____	3 _____	4 _____	5 _____
DEPENDABILITY	1 _____	2 _____	3 _____	4 _____	5 _____
LEADERSHIP	1 _____	2 _____	3 _____	4 _____	5 _____
CITIZENSHIP	1 _____	2 _____	3 _____	4 _____	5 _____
FINANCIAL HARDSHIP	1 _____	2 _____	3 _____	4 _____	5 _____
6. Does the applicant possess any special personal quality of which we should be aware? (**Please type or write clearly; use additional paper if necessary.**)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone No. \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

E-Mail \_\_\_\_\_

*Please return this form to:*

Granite Education Foundation  
2500 South State Street, D108  
Salt Lake City, UT 84115

## APPLICANT RECOMMENDATION

To be completed by a teacher, counselor, or administrator at the applicant's high school.  
Please type or write clearly

Applicant's Name \_\_\_\_\_

The above-named applicant is applying for the Grant Christensen Memorial Scholarship. The *Applicant Recommendation* is a mandatory component of the Scholarship Application and must be received by the Scholarship Committee no later than **April 5, 2019**. The information provided herein will be held in confidence and used only by the Scholarship Committee in its discernment process.

1. What is your relationship to the applicant?      Teacher \_\_\_\_\_ Counselor \_\_\_\_\_  
Administrator \_\_\_\_\_ Other \_\_\_\_\_
2. On a scale of 1 to 5 (*1 low, 5 clearly superior*) does the applicant perform to the best of his/her Ability? \_\_\_\_\_
3. In general, is the applicant respected by fellow students?    Yes \_\_\_\_\_ No \_\_\_\_\_
4. In general, is the applicant respected by faculty and staff?    Yes \_\_\_\_\_ No \_\_\_\_\_
5. On a scale of 1 to 5 (*1 low, 5 clearly superior*) does the applicant demonstrate:

INTEGRITY	1 _____	2 _____	3 _____	4 _____	5 _____
HONESTY	1 _____	2 _____	3 _____	4 _____	5 _____
ACADEMIC ACHIEVEMENT	1 _____	2 _____	3 _____	4 _____	5 _____
DEPENDABILITY	1 _____	2 _____	3 _____	4 _____	5 _____
LEADERSHIP	1 _____	2 _____	3 _____	4 _____	5 _____
CITIZENSHIP	1 _____	2 _____	3 _____	4 _____	5 _____
FINANCIAL HARDSHIP	1 _____	2 _____	3 _____	4 _____	5 _____
6. Does the applicant possess any special personal quality of which we should be aware? (**Please type or write clearly; use additional paper if necessary.**)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone No. \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

E-Mail \_\_\_\_\_

*Please return this form to:*

Granite Education Foundation  
2500 South State Street, D108  
Salt Lake City, UT 84115



## APPLICANT RECOMMENDATION

To be completed by a current or former employer or community leader.

Please type or write clearly

Applicant's Name \_\_\_\_\_

The above-named applicant is applying for the Grant Christensen Memorial Scholarship. The *Applicant Recommendation* is a mandatory component of the Scholarship Application and must be received by the Scholarship Committee no later than **April 5, 2019**. The information provided herein will be held in confidence and used only by the Scholarship Committee in its discernment process.

1. What is your relationship to the applicant? Employer \_\_\_\_\_ Former Employer \_\_\_\_\_  
Community Leader \_\_\_\_\_ (please specify) Other \_\_\_\_\_
2. On a scale of 1 to 5 (1 low, 5 clearly superior) does the applicant perform to the best of his/her Ability? \_\_\_\_\_
3. In general, is the applicant respected by employees or peers? Yes \_\_\_\_\_ No \_\_\_\_\_
4. In general, is the applicant respected by supervisors, staff and customers? Yes \_\_\_\_\_ No \_\_\_\_\_
5. On a scale of 1 to 5 (1 low, 5 clearly superior) does the applicant demonstrate:

INTEGRITY	1 _____	2 _____	3 _____	4 _____	5 _____
HONESTY	1 _____	2 _____	3 _____	4 _____	5 _____
ACADEMIC ACHIEVEMENT	1 _____	2 _____	3 _____	4 _____	5 _____
DEPENDABILITY	1 _____	2 _____	3 _____	4 _____	5 _____
LEADERSHIP	1 _____	2 _____	3 _____	4 _____	5 _____
CITIZENSHIP	1 _____	2 _____	3 _____	4 _____	5 _____
FINANCIAL HARDSHIP	1 _____	2 _____	3 _____	4 _____	5 _____
6. Does the applicant possess any special personal quality of which we should be aware? (**Please type or write clearly; use additional paper if necessary.**)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone No. \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

E-Mail \_\_\_\_\_

Please return this form to:

Granite Education Foundation  
2500 South State Street, D108  
Salt Lake City, UT 84115