

# **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
- 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 disbursed only for tuition and will be paid <u>directly</u> to the educational institution
- D. In the event of untimely withdrawal from school, a repayment plan to the Foundation must be discussed

#### SELECTION CRITERIA

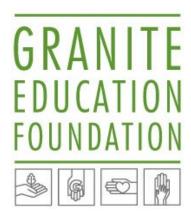
Scholarships may be awarded to individuals:

- 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
  - 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).



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# Scholarship Requirements and Deadlines

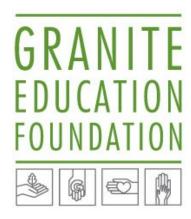
The completed application, including grade transcripts, essay, and letters of recommendation must be submitted on or before **April 6, 2018**, close of business day.

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

Checklist o	f the items needed by April 6, 2018 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 <a href="their responses must be typed or clearly written and may also be submitted on a separate sheet.">ten and may also be submitted on a separate sheet.</a> 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-GIVE (4483)



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### **APPLICATION**

### PART I: INFORMATION FORM

This completed application must be typed and submitted by April 6, 2018 to:

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

For further information, call 385-646-GIVE (4483)

	Last	First	Middle
ate of Birth:			
lephone No:		Cell Phone No:	
mail Address:			
reet Address:			
	City	State	Zip
igh School Name: _			
ddress:			
ear of Graduation:	Have you appl	ied for FAFSA(Free Application Yes	for Federal Student A
hat will be your prin	mary source of support w	hile you are continuing your	education?
Family	Family and self	Self	
ist scholarships, gra vill receive during th		ncial assistance and the amo	ount of each you

Community Activities:		
Johnnanty Activities.		
Work Experience (employer & duration):		
Other Interests:		
		_
College or University you are planning to attend:		
Address.		
City	State	Zip
lave you been accepted? Yes No	_	
ntended 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

	above-named applicant is applying ommendation is a mandatory compo				•	• •
	Scholarship Committee no later than		•			•
n	fidence and used only by the Schol	arship Con	nmittee in its o	liscernmer	nt process.	
1.	What is your relationship to the app	plicant?	Teacher _		_ Counselor	
			Administra	tor	Other	
2.	On a scale of 1 to 5 (1 low, 5 clear	ly superior				
	Ability?			•		
3,	In general, is the applicant respect	ed by fello	w students?	Yes	No	
4.	In general, is the applicant respect	ed by facu	Ity and staff?	Yes	No	
5.	On a scale of 1 to 5 (1 low, 5 clear	ly superior	) does the app	licant dem	nonstrate:	
	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.	11 1 1				hould be awar	e? ( <b>Please</b>
	type or write clearly; use additio	nai paper	if necessary.	)		
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Pr	int Name			Phone	e No	
	hool/Organization					
Sc	ldress					
	Street		City		State	Zip

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	type or write clearly; use additio	nai paper	if necessary.	)		
Si	gnature				Date	
Pr	int Name			Phone	e No	
	hool/Organization					
Sc	ldress					
	Street		City		State	Zip

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### **APPLICANT RECOMMENDATION**

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

Please type or write clearly

i. <b>V</b>	What is your relationship to the app	olicant? E	mployer	F	ormer Emplo	yer
	Community Leader			_ (please	specify) Oth	ner
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	CITIZENSHIP		2			
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6. [ t	Does the applicant posses any specype or write clearly; use addition	ecial person	nal quality of whi	ch we sh	ould be awa	re? (Please
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Sign Print	Does the applicant posses any specype or write clearly; use addition	ecial person	nal quality of whi	ch we sh	ould be awa	re? (Please

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