



Richard Newcomb & Janice Schreiber-Newcomb SCHOLARSHIP APPLICATION

Amount of Award: \$1,000 scholarship for full-time student or \$500 scholarship for part-time student

Who May Apply: Widows who are too young to receive Social Security assistance and are furthering their education at an accredited college, university, or technical school. Receiving Social Security benefits for dependent children shall not disqualify an applicant. Preference will be given to applicants from the Shawano area.

Applications will be reviewed as received. Scholarship awards will be paid to the recipient's school for the upcoming semester. Recipients are encouraged to apply each year they are eligible.

Name: _____
First Middle Last

Address: _____
Street City State Zip

Date of Birth: ___/___/___ **Phone:** _____ **Email:** _____

Name of Spouse: _____ **Date of Death:** _____

of Children: _____ **Ages:** _____

High School attended: _____
Name & City, State Year Graduated

College you will attend in upcoming semester: _____
Name & City, State

Major/Field of Study: _____

Expected Graduation Date: _____

Last Term Completed: Term _____ Year _____ GPA _____ Cumulative GPA _____
(Please attach previous transcript if applicable)

Personal Statement: Prepare a personal statement of your reasons for pursuing a degree in your chosen field, as well as your special professional interests, goals and purposes within that field. Limit your statement to one page.

List paid positions you have held and explain your responsibilities. Begin with your most recent position.

Employer	Position Held	Responsibilities	Dates	Hours per Week

Describe your participation in unpaid internships, volunteer service activities, and other civic, professional or community activities.

Organization	Activity/Service	Dates	Hour per Week

Prepare a statement of projected tuition expenses. Include a paragraph concerning any unusual financial obligations or circumstances.

Signature: I certify that the information on this application is true and complete to the best of my knowledge.

Applicant's Signature

Date

Return application to:

Community Foundation for the Fox Valley Region
 4455 W. Lawrence St.
 Appleton, WI 54914