

RETURN TO THE COMMUNITY FOUNDATION OF HOWARD COUNTY BY MARCH 11, 2020.

1.0 Applicant Information

Student Name (Last/First/MI):

Home Address:

City:

State:

Zip:

Name of Middle School Attending:

Student Gender:

Student Race/Ethnicity:

Parent or Guardian Name (Last/First/MI):

Address (if different from above):

City:

State:

Zip:

Parent Phone:

Parent Email:

Achievement Liaison or Guidance Counselor - Required for Howard County Public School Applicants

Name:

Phone:

Email:

2.0 Family Information (OPTIONAL)

The following information will be used in the event of a tie between the top applicants.

Household Size:

Household Annual Income:

Number of people employed?

Number of children in daycare?

List any extraordinary expense your household is facing:

List any assistance programs your family is participating in:

3.0 Attachments

The following documents are to be attached to your application. Your application will not be considered if any of the required attachments are missing.

- Official copy of the most recent second or fourth quarter report card.
- Student responses to questions.
- One (1) confidential letter of recommendation from a teacher or Guidance Counselor.
- An eligibility letter for Free or Reduced Price School Meals – or – eligibility letter from another assistance program.

**4.0 Parent/Guardian
Signature**

In accordance with the Foundation's privacy policy, all information obtained during the application process will be kept confidential and used exclusively for the purpose of selecting an awardee for the scholarship.

Student Name (Last/First/MI)

Name of Organization:

Address:

City:

State:

Zip:

Organization Phone:

Organization Website:

Provide the name and description of the program you want to participate in.

Why do you want to participate in the program listed in your application? What do you hope to learn?

List the costs associated with this program.

Amount

Tuition

\$

Materials for program

\$

Transportation

\$

Other (describe)

\$

Total Amount Requested

\$

Have you been awarded scholarships or financial aid for this program? Please describe.

Student Name (Last/First/MI)

Responses to the following questions are to be provided by the student.
A typed response is preferred, but not required.

Question One: What do you enjoy doing and why?

Question One Response

Question Two: Who do you admire and why?

Question Two Response

Question Three (optional): What else would you like to share with us?

Question Three Response

A response to the following question is OPTIONAL and is to be provided by the parent/guardian.
A typed response is preferred, but not required.

How do you think this experience will help your child?

Response