



COMMUNITY FOUNDATION
of Calhoun County

**HARRY M. AND EDEL Y. AYERS
SCHOLARSHIP APPLICATION**

Please use **black ink**

EMPLOYEE INFORMATION

Employees Name

Job Title

Relationship to employee

Years of Employment

TYPE OF APPLICATION

_____ First time scholarship applicant _____ Renewal applicant

PERSONAL INFORMATION

Name of Applicant: _____ SS# _____
First M.I. Last

Current Address _____
PO Box or Street City State Zip Code

Phone Number _____ Email Address _____

Father/Guardian _____
Name Address if different from applicant Occupation

Mother/Guardian _____
Name Address if different from applicant Occupation

Spouse _____
Name (Parent information not required if applicant is married or independent) Occupation

List household residents and their ages (including all adults and children) _____

How many household residents will be enrolled in college next year? _____

ACADEMIC INFORMATION

Applications must include an official copy of high school or college transcripts.

Name of High School Attended City State

Graduation Year _____ GPA/Scale _____ / _____ Rank/Class Size
/

SAT Test Scores _____ Date of SAT Test _____

ACT Standard Score _____ Date of ACT Test (if not already taken, schedule date) _____

Signature of high school counselor (**required**), college students are exempt. _____ Date _____

Name of college, if currently attending _____ Classification _____ City _____ State _____

Last date attended _____ Hours Completed _____ Cumulative GPA _____

Anticipated major or field of study _____ College or university you plan to attend _____

Have you applied for admission to this college/university? Yes No Accepted? Yes No

FINANCIAL INFORMATION

Copies of your/parent’s tax return (page 1 only of Form 1040) and all W-2 forms must accompany this application.

Total prior year household income \$ _____ Estimated academic year education expenses \$ _____

Do you plan to work while attending college? Yes No If yes, how many hours per week _____

Have you applied for Federal Financial Assistance? Yes No

List other scholarships you have applied for (indicate if you have received an award notification): _____

You are required to notify the Community Foundation office of any financial aid or scholarships you receive after you submit this application. Failure to do so may terminate your application.

List employment history beginning with the present: (do not attach a résumé)

Employer	Position	From Month/Year

SERVICE INFORMATION

Using the space below, please list your most important community activities and school related extracurricular activities during high school, and college if applicable: (do not attach a resume)

Activity	Number of years	Level of involvement (i.e. officer, member)

Special recognition, awards, and honors	Number of years	Group or activity sponsoring the award

List all the Community Foundation of Calhoun County scholarship(s) for which you wish to apply or submit a renewal for: _____

LETTERS OF RECOMMENDATION

Attach or send two letters of recommendation. Please note they cannot arrive after the published scholarship due date.

ESSAY

An essay may be required to complete the application. Consult the specific scholarship guidelines for essay topic and other materials they may be required to complete the application packet.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of a scholarship. I also certify that I have read the instructions and will provide all requests for grade reports, transcripts, notification of other scholarship awards and change in plans, should I receive a scholarship.

Applicant's Signature _____

Date _____



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HARRY M. AND EDEL Y. AYERS SCHOLARSHIP APPLICATION CHECKLIST

The application becomes complete and valid only when you have returned the following materials by the appropriate application due date. Please consult the specific published scholarship guidelines for other details or award criteria. You will be sent a confirmation postcard only when the entire packet has been received. Incomplete applications **will not** be forwarded to the Scholarship Committee. School counselors and Foundation staff are not responsible for contacting you or ensuring that your application is complete. However, the Foundation will be glad to inform you of materials received and assist you with any questions related to this application process.

- _____ Application Form
- _____ Signed Disqualified Persons Policy
- _____ Photograph (no digitally printed photos)
- _____ Official Standardized Test Scores (ACT or SAT) if applicable
- _____ High School Transcript/GED Certificate
- _____ Any College Transcript
- _____ Two Letters of Recommendation
- _____ Essay (see the specific fund guidelines)
- _____ Copy of parents' most recent income tax return. (IRS Form 1040 page 1 only)
Include all W-2 forms.
- _____ Copy of applicant and spouse's most recent income tax return. (if applicable)

Because the application and the attachments must be copied, please adhere to the following requirements:

- **Do not use staples.**
- **All attachments should be copied on 8 ½ X 11 paper.**
- **All applications and attachments must be mailed or hand delivered; transmissions by facsimile will not be accepted.**

For further information contact:

Community Foundation of Calhoun County
Post Office Box 1826
1000 Quintard Avenue, Suite 307
Anniston, Alabama 36202
Telephone: 256-231-5160 Fax: 256-231-5161
Email: info@yourcommunityfirst.org



COMMUNITY FOUNDATION
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Disqualified Persons Policy

The Internal Revenue Service may impose serious penalties on a public charity that engages in or allows disqualified gifts, grants, contracts or transactions. The Community Foundation takes great effort to avoid or prohibit transactions among persons who are prohibited from benefiting due their service as a member of the Board of Trustees, a former trustee (within the past five years) or a staff person. The following list includes the current persons who are deemed to be disqualified persons:

DR. KENT KEYS
BRENDA ROBERTS, R.N., D.S.N.
BILL HAGLER
HON. HOYT W. "CHIP" HOWELL, JR
JO PROPST
DR. MARGARET DAVENPORT
H. M. "MAC" BURT, JR.
L. R. "RUSH" JORDAN
KEENER HUDSON
DR. WARREN G. SARRELL
JO RHEA FORD
ANNE JACKSON
JANICE HUDSON
DR. D. WESLEY SMITH
DR. JAMES DANIEL
TERRY CHILDERS

JOSEPH B. FREEMAN
FORREST FRENCH
BETTY HILL JACKSON
ROBERT SMITH
MAJOR GENERAL GERALD G. WATSON
DR. JAMES "BUDDY" MULLIS, JR
DR. ARTHUR TOOLE, III
VIKKI FLOYD
LEON GARRETT
ESTA SPECTOR
MARTHA VANDERVOORT
WAYNE CARMELLO-HARPER
ANGELA BANKS
EULA TATMAN
SUSAN WALDRON

In requesting a grant or scholarship from the Community Foundation of Calhoun County or any fund affiliated with the Community Foundation, I affirm that I am not related to any of the above persons within the third degree (parent, spouse, child, grandchild, great grandchild, niece, nephew, or first cousin). These relationships include persons who are legally adopted. I further understand that if a disqualifying relationship is identified that I will forfeit the grant or scholarship award and may be legally responsible for reimbursing the Community Foundation for funds received.

Print Name

Date

Signature