

APPLICATION POSTMARK DEADLINE: FRIDAY, APRIL 21, 2017

Completed applications are inclusive of completed form, official academic transcript, one (1) letter of recommendation and four (4) essay questions. Please view the CRC Scholarship criteria overview for additional details.

STUDENT CONTACT INFORMATION

Last Name / First Name:			
Date of Birth: (MM/DD/YYYY)	/ /	Age:	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Racial / Ethnic Group: <i>(Please select one group that BEST represents the applicant's cultural identity.)</i>	<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern	
	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Native American	
	<input type="checkbox"/> Latino	<input type="checkbox"/> White/ Caucasian	
		<input type="checkbox"/> Other – Please specify Country:	
Home Address:			
City/ County:		State:	Zip Code:
Home Phone Number:			
Do you have a cell phone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If "Yes" please provide: () -
Preferred Email Address:			
Primary Language Spoken at Home:		Citizenship Status:	

ACADEMIC PERFORMANCE*

Name of High School:	ID Number:
Name of Primary Guidance Counselor:	Contact Number:
Cumulative GPA/ Percentage:	Class Rank:
Anticipated High School Graduation Date:	
High School Address:	City/ State: Zip Code:
Anticipated College/ University:	Anticipated Start Date:
Intended Major/ Concentration:	

**Please submit an official academic transcript with your completed application.*

EXTRACURRICULAR ACTIVITIES + ACHIEVEMENTS

Please outline your membership in student clubs, organizations, elected leadership positions and earned internships. Outline on additional sheet(s) if necessary.

ORGANIZATION	ROLE	HONORS/ RECOGNITION	DURATION OF INVOLVEMENT
Example: Key Club	President/ Volunteer	Key of Honor/ Outstanding Volunteer	Sophomore – Senior Year

FAMILY EDUCATION / CAREER EXPOSURE

List household relatives, identifying relationship to applicant, highest level of education, degree, and employment status.

NAME	RELATIONSHIP	HIGHEST LEVEL OF EDUCATION	DEGREE	LIVES IN YOUR HOME?	EMPLOYED?
Example: Rita Simpson	Sister	College (Accounting)	BBA - 2010	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY CONTACT INFO

Household Information	Parent / Custodial Guardian	Parent / Custodial Guardian
Does the student live with you?	<input type="checkbox"/> Yes. <input type="checkbox"/> No <input type="checkbox"/> Sometimes	<input type="checkbox"/> Yes. <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Title:	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Last Name / First Name:		
Relationship to Student:		
Home Address:		
City, State Zip/Postal Code:		
Preferred Contact Number:	() -	() -
Preferred Email Address:		
Employer:		
Occupation:		
Marital Status:	<input type="checkbox"/> Unmarried (<i>Single, Divorced, or Widowed</i>) <input type="checkbox"/> Married (<i>To Biological Parent</i>) <input type="checkbox"/> Married (<i>To Other</i>) <input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Unmarried (<i>Single, Divorced, or Widowed</i>) <input type="checkbox"/> Married (<i>To Biological Parent</i>) <input type="checkbox"/> Married (<i>To Other</i>) <input type="checkbox"/> Other, please specify:
Highest Education Level Completed:	<input type="checkbox"/> Grade School <input type="checkbox"/> Some High School <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Professional / Graduate Degree <input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Grade School <input type="checkbox"/> Some High School <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Professional / Graduate Degree <input type="checkbox"/> Other, please specify:

DEMONSTRATION OF FINANCIAL NEED

2016 Annual Household Income:

(Please refer to income reported on 2016 W-2 Forms or 2015 IRS Form 1040 Line 7, 1040A Line 7, or 1040EZ Line 1 for the Total Annual Income for the household where the Student resides.)

- \$0 – 14,999
- \$15,000 – 29,999
- \$30,000 – 44,999
- \$45,000 – 59,999
- \$60,000 – 74,999
- \$75,000 – 89,999
- \$90,000 +

FAFSA Completed:

- Yes No

Federal Pell Grant Eligible:

- Yes No

FAMILY ACADEMIC ENGAGEMENT

The CRC Foundation realizes the high value and direct impact strong parental involvement has on each student’s academic success. As this is a recurring scholarship, with disbursements contingent upon high academic performance, we want to determine how best to collaborate with you and your student as they matriculate through college.

SCHOOL ENGAGEMENT SURVEY *(for parent/ guardian completion)*

Do you speak with your student about their school report card, grades, test scores, attendance, & conduct? Yes No

Do you know how to request your student’s transcript and scores? Yes No

Do you regularly attend parent/teacher conferences at your student’s school? Yes No

Are you in regular contact with your student’s teachers, advisors, guidance counselor, principal, etc.? Yes No

What kind of assistance can the CRC Foundation provide in terms of academic advising to supplement what you plan to do as a parent/guardian as they matriculate through college? *(Please check ALL applicable boxes)*

- How to read your student’s report card / Understanding the collegiate grading system
- When and who to speak with to about your student’s major/ course selection
- Other, please specify:

ESSAY QUESTIONS

On a separate sheet(s) of paper, provide a typed response to the following essay questions. Be sure to adhere to the specified word count. Please outline the question you are answering at the top of each page.

- What are your academic and/ or professional goals? *250 words*
- What part of the college experience do you think will be your greatest strength? What area has you worried? *250 words*
- Describe a time when you overcame a failure. What specific insight from this experience has shaped your development? *250 words*
- Introduce yourself to your future college classmates. *100 words*
- (Optional) Is there any other information you would like to share that is not presented elsewhere in the application? You may also use this essay to provide further explanation of academic gaps, low test scores, etc. *250 words*

LETTER OF RECOMMENDATION

Please provide one (1) letter of recommendation on professional letterhead from a teacher, mentor, guidance counselor or employer. Letters from family members/ relatives will not be accepted. Each letter should include the applicant’s name and their relationship to the recommender. All letters should be word processed, signed with a hand-written signature, and one (1) page in length.

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