

# THE 2012 PHILIP MCCLELLAND SCHOLARSHIP

## A SCHOLARSHIP FUND OF THE LONGMONT COMMUNITY FOUNDATION

This scholarship was established in memory of Philip McClelland by his family and friends. One \$1000 scholarship will be awarded for a 2012 St. Vrain Valley School District High School or Berthoud High School graduating senior who will be attending an accredited college, university, or community college in the U.S. this fall.

### Selection will be based on:

1. Applicant has experienced the serious illness, injury, or death of a family member. Students who have experienced a very serious illness or injury themselves are also encouraged to apply.
2. Applicant has a demonstrated financial need
3. Applicant will be attending an accredited two or four year college U.S.

### Application for this scholarship must include:

1. Completed application form.
2. Documentation of financial need [copy of Student Aid Report (SAR) received after filing the Free Application for Student Aid (FAFSA).
3. Transcripts including test scores (ACT or SAT). Unofficial transcripts are acceptable. The applicant who is selected to receive the scholarship may be required to submit an official transcript for verification.
4. One page personal statement explaining why the applicant is applying for this scholarship (including family situation and plans for college).
5. One letter of recommendation from the applicant's high school counselor or a teacher.

*Please do not include any additional information. Only the above requested information will be reviewed.*



**Complete applications must be received in the office or mail box of the Longmont Community Foundation at 401 Main Street Suite 102, PO Box 819, Longmont, CO 80502 by 5pm on February 29, 2012.  
Late or incomplete applications will not be considered.**

Questions? Please contact Marjorie Weibel at [marjorie@longmontfoundation.org](mailto:marjorie@longmontfoundation.org) or 303-678-6555 with questions about this scholarship or the application process.

# 2012 Philip McClelland Scholarship Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_

High School from which you will graduate: \_\_\_\_\_

Expected High School graduation date: \_\_\_\_\_

Cumulative high school grade point average through the most recently completed term:  
Unweighted: \_\_\_\_\_ Weighted (if available): \_\_\_\_\_

ACT and/or SAT score \_\_\_\_\_

What college or university do you plan to enter? \_\_\_\_\_

What is your intended major field of study? \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ For what career are you preparing? \_\_\_\_\_

## Family and Financial Information

Name of parent(s)/guardian(s) with whom you reside: \_\_\_\_\_

Household income (estimated 2011 Adjusted Gross Income): \$ \_\_\_\_\_

Number of people in your household supported by this income: \_\_\_\_\_

Number of people in your household in a college degree/certification program for the upcoming academic year (including applicant): \_\_\_\_\_

After filing the Free Application for Federal Student Aid (FAFSA) and receiving your Student Aid Report (SAR), please list the Expected Family Contribution (EFC) as stated on your SAR: \_\_\_\_\_

Date your Student Aid Report was processed (as stated on your SAR): \_\_\_\_\_

The Phillip McClelland Scholarship is intended for a student whose family has experienced the serious illness, injury, or death of a family member; or who has themselves experienced serious injury or illness and has a demonstrated financial need. Please attach the following:

- A complete copy of your Student Aid Report received after filing the FAFSA
- Transcripts including test scores (ACT or SAT). Unofficial transcripts are acceptable. The applicant who is selected to receive the scholarship may be required to submit an official transcript for verification.
- A one page personal statement explaining why you are applying for this scholarship (including family situation and plans for college)
- One letter of recommendation from your high school counselor or teacher

## Application Signatures (Both Signatures are Required):

I certify that all of the information in this application is true and complete. I understand that if the applicant is selected for an award, he/she may be asked to provide proof of the information stated on this form, including a copy of the relevant tax forms. I understand that if this information is not provided, or if the information is different than presented in this application, that the award may be rescinded. If I am selected to receive an award, I agree that the applicant's name, award amount, and information provided about future plans may be used in announcements or articles issued by the Longmont Community Foundation. In addition, by signing this form, I hereby authorize the college/university the applicant will be attending in the fall of 2012 to release information about the financial aid awarded to the applicant by the college/university or other sources to the Longmont Community Foundation.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_