

Community Foundation of Red Bud Scholarship Application

PERSONAL INFORMATION:

Full Name: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: 62278

Email: _____

Phone: _____

EDUCATION:

High School / Nontraditional Program Attended: _____

High School Graduation Date: ____ / ____ / ____ GED Date: ____ / ____ / ____

Field of Study : Agriculture Health Care Manufacturing Business/Retail

Major / Certificate Pursuing: _____

Applicant Status : Graduating senior Current college student Nontraditional

REQUIRED ATTACHMENTS

- One page essay: Describing yourself, your Career goals, what School or Trade Program you are/will be attending and discuss your previous Community Involvement.
- Letter of recommendation from a non-family member

AUTHORIZATION

I certify that the information provided is true and complete.

Signature: _____ Date: ____ / ____ / ____

SUBMISSION INSTRUCTIONS / DEADLINES

Application period: Opens February 1 — Closes March 31 of each year

Submit completed application and required attachments by mail to: CFofRB, 200 E. Market St., Red Bud, IL 62278 or drop off at City Hall.

Recipients will be selected by the Foundation's Scholarship Committee and approved by the Board.