



www.cphsalumni.org | crownpointalumni@yahoo.com
P.O. Box 240, Crown Point, IN 46308

Dr. J. Robert Mayden Memorial Scholarship Application 2026

DUE DATE: Friday, March 13, 2026

Scholarship Awards Program, Wednesday, May 6, 2026

This is our fifth year (**Jay Robert and Carrie Mayden**) offering this scholarship in memory of our father, Dr. J. Robert Mayden. Robert was a graduate of Bishop Noll Institute in 1948 and graduated from Loras College in Dubuque, Iowa where he played football. He was a graduate of Loyola University Chicago College of Dental Surgery in 1954. Robert enlisted in the United States Air Force and was stationed at Lowry Air Force Base in Denver, CO. Robert and Carole returned to Northwest Indiana and he established his Crown Point dental practice in 1956. He was an avid Notre Dame Football fan, attending his first game in 1934 and regularly attending games for over 50 years. He had a passion for boating and walleye & perch fishing. Robert spent many years at Marble Head, Ohio on the shores of Lake Erie enjoying those activities. Education for his five daughters, two sons and grandchildren were always very important along with a strong work ethic.

Award: \$2,500.00 – not renewable

Guidelines:

1. Applicant must be a Crown Point High School senior who will graduate with their class in **2026**
2. Applicant must be getting a post-secondary education (i.e. four- or two-Year College, Junior College, technical school, trade school) with an interest in the sciences, dentistry and/or medical fields **a plus but not required.**
3. Applicant must submit all requested information including this scholarship application, two reference letters and a copy of their transcript by application deadline. **GPA will not** be the defining factor in awarding this application.

4. Applicant must verify the accuracy of all information by signing the application.
5. Applicant must NOT be selected for a FULL scholarship from another source. If an applicant is selected for a FULL scholarship, the applicant must forfeit this scholarship to the committee, so it can be awarded to the next eligible applicant.
6. The application must be submitted on the forms provided with additional pages attached if necessary. The application must be typed and stapled in the upper left corner. Do not put in a binder. Place application, references and transcript in a large (i.e. 9"x12" or 10"x13") sealed envelope.
7. Awardees shall submit their receipts for expenses no later than **December 31, 2026**. This award will be forfeited if not claimed by **December 31, 2026**.

References:

Two letters of reference are required.

1. The first will be from a teacher who has taught the applicant in at least one class (K-12).
2. The second letter is to be from a member of the community, school or an extracurricular sponsor/coach.

NO Reference letter will be accepted by a family member. **BOTH** reference letters should be signed and returned to the applicant in sealed envelopes.

Application Deadline:

Delivered to the Crown Point High School guidance office by the end of school **Friday, March 13, 2026**.

Award Notification:

Scholarship recipients will be notified at the senior awards ceremony on the prescribed date.

Application Review:

All applications will be evaluated by a sub-committee, consisting of a family member of the Mayden Living Trust, DTD August 24, 2021.

Application Checklist:

- *Is the application fully completed, proofread and **printed or typed**?
- *Does the final packet include two letters of reference, signed and in sealed envelopes?
- *Is a copy of the applicant's transcript in the packet?
- *Is the final packet clearly identified on the outside with "Dr. J. Robert Mayden Memorial Scholarship" Application **2026**?
- *Is the answer to your future **printed or typed**.

Verification Statement:

I accept the guidelines of this scholarship application and understand the decision of the Crown Point Alumni Association Board of Directors is final. There is no process for appeal. I understand that if I receive this scholarship and I am awarded a full scholarship from another source that I must notify the Association and forfeit the scholarship so that it can be awarded to the next eligible applicant. I certify that I have personally prepared this application for a submission that the information provided is correct, and that all requested information is attached.

First Name: _____

Last Name: _____

Middle Initial or Name: _____

Street Address: _____

City, State, Zip Code: _____

Cell Phone: _____

Email: _____

Name of Parent/s/Guardian: _____

Overall Grade Point Average: _____

Graduation Date: _____

I plan to attend: _____
(Name and location of Post secondary Educational Institution)

Applicant Signature: _____

Date: _____