**Cora Sue Smith**

**From The Heart**

**Scholarship Application**

## **APPLICANT INFORMATION**

**First Name:** Click or tap here to enter text.

**Middle Name:** Click or tap here to enter text.

**Last Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Social Security Number:** Click or tap here to enter text.

**Gender:** Choose an item.

**Heritage:** Choose an item.

**Address Line 1:** Click or tap here to enter text.

**Address Line 2:** Click or tap here to enter text.

**City:** Click or tap here to enter text.

**State:** Click or tap here to enter text.

**Zip Code:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

 **Phone Number:** Click or tap here to enter text.

**Indicate your type of application:** Choose an item.

**Scholarship payment will be made to this institution**

## **USE OF SCHOLARSHIP FUNDS**

**Name of Institution:** Click or tap here to enter text.

**Address Line 1:** Click or tap here to enter text.

**Address Line 2:** Click or tap here to enter text.

**City:** Click or tap here to enter text.

**State:** Click or tap here to enter text.

**Zip Code:** Click or tap here to enter text.

**Declared Major/Emphasis of Study:** Click or tap here to enter text.

**Anticipated Start Date:** Click or tap to enter a date.

**Anticipated Graduation Date:** Click or tap to enter a date.

**Anticipated Degree:** Choose an item.

**Classification (During the fall semester, I will be a…):** Choose an item.

**Status:** Choose an item.

**Proof of Enrollment (or acceptance if not currently enrolled): Upload/Attach Document**

**Name of Parent or Primary Guardian Who Passed Away from Heart Disease or Diabetes:**

Click or tap here to enter text.

**Upload Death Certificate or Proof of Cause of Death: Upload/Attach Document**

## **ACADEMIC HISTORY**

1. **School/University:** Click or tap here to enter text.

**1a. Address Line 1:** Click or tap here to enter text.

**1b. Address Line 2:** Click or tap here to enter text.

**1c. City:** Click or tap here to enter text.

**1d. State:** Click or tap here to enter text.

**1e. Zip Code:** Click or tap here to enter text.

**1f. Degree Earned:** Choose an item.

**1g. Upload Transcript: Upload/Attach Document**

**1h. Graduation Date:** Click or tap to enter a date.

**1i. GPA:** Click or tap here to enter text.

1. **School/University:** Click or tap here to enter text.

**2a. Address Line 1:** Click or tap here to enter text.

**2b. Address Line 2:** Click or tap here to enter text.

**2c. City:** Click or tap here to enter text.

**2d. State:** Click or tap here to enter text.

**2e. Zip Code:** Click or tap here to enter text.

**2f. Degree Earned:** Choose an item.

**2g. Upload Transcript: Upload/Attach Document**

**2h. Graduation Date:** Click or tap to enter a date.

**2i. GPA:** Click or tap here to enter text.

## **FINANCIAL NEED**

1. **Comprehensive College/University Fees for an Academic Year (tuition, books, room and board, fees)**

**$** Click or tap here to enter text.

1. **Total amount of all awards/scholarships from College/University, Government for Academic Year (State, Federal, Local), and other sources (not including loans)**

**$** Click or tap here to enter text.

1. **Anticipated Family Contribution for Academic Year**

**$** Click or tap here to enter text.

**Financial Need for Academic Year (Subtract lines B and C from Line A)**

**$** Click or tap here to enter text.

**Requested Scholarship Amount (up to $3,000)**

**$** Click or tap here to enter text.

## **COMMUNITY SERVICE and VOLUNTEER EXPERIENCE**

**Provide the contact information for your organization. Please inform them they will be contacted to verify your experience and provide a reference**

**Organization:** Click or tap here to enter text.

**Position/Title:** Click or tap here to enter text.

**Start Date:** Click or tap to enter a date. **End Date:** Click or tap to enter a date.

**Contact’s First Name:** Click or tap here to enter text.

**Contact’s Last Name:** Click or tap here to enter text.

**Contact’s Title:** Click or tap here to enter text.

**Contact’s Phone Number:** Click or tap here to enter text.

**Contact’s Email:** Click or tap here to enter text.

## **ACADEMIC ADVISOR REFERENCE**

**Provide the contact information for your current Academic Advisor/Education Counselor, who will be contacted via email to verify the reference, verify your current student status, and provide your cumulative grade point average (GPA).**

**A written reference must be provided from your current Academic Advisor/Education Counselor on official company letterhead and must be uploaded to this site before the March 8th deadline. Your application will not be considered if this request is not met.**

**Contact’s Organization:** Click or tap here to enter text.

**Contact’s First Name:** Click or tap here to enter text.

**Contact’s Last Name:** Click or tap here to enter text.

**Contact’s Title:** Click or tap here to enter text.

**Contact’s Phone Number:** Click or tap here to enter text.

**Contact’s Email:** Click or tap here to enter text.

## **PERSONAL STATEMENT**

**Describe your proposed plan of study and career plans. Share your current career goals and why you chose them** (upload/attach document or complete below) 250 words or less:

Click or tap here to enter text.

**Please identify any courses you plan to complete that are important to your career plans**

250 words or less:

Click or tap here to enter text.

**Why Are You the Best Candidate for This Scholarship?** (upload/attach document or complete below)

250 words or less:

Click or tap here to enter text.

**It is important to show donors that their gifts are used as intended. It is also important to invite persons to make new gifts that will strengthen Cora Sue Smith From The Heart.**

**You may be invited to “tell your story” in ways that thank past donors and inspire prospective donors.**

**Do you agree, if selected as a scholarship recipient, to have likeness printed in official literature and participate in Cora Sue Smith From The Heart media (if any) related to this scholarship?**

Choose an item.

**If invited (expenses covered) I agree to attend The CSSFHS retreat**

Choose an item.

**By providing your full name in the box, you are certifying that this information is correct and true to the best of your knowledge and belief. You are also authorizing the appropriate members of the Cora Sue Smith From The Heart staff and evaluators to review and verify the content of this application. Please write your name in the box below. This will serve as your official electronic signature.**

\*Thank you for your interest in the Cora Sue Smith From The Heart Scholarship Fund.