Eastside Area Community Foundation, Inc

This application will be considered for the Eastside Area Community Foundation Vocational Assistance Scholarship.

The vocational assistance scholarship is a one-time scholarship awarded to an applicant pursuing vocational training in the applicant’s field of study through the Impact Institute.

Criteria for the Scholarship:

* Eastside High School student attending the Impact Institute.

Requirements for the Scholarship:

* Complete and sign application
* Submit completed application by May 24, 2025 to EACFscholar@yahoo.com (a return email will be sent confirming receipt of application – contact 260-908-6048 if confirmation not received within 48 hours of submission.) Only applications received by May 24, 2025, and confirmed via email will be considered for the scholarship.
* The Foundation will request a transcript from the school.
* Incomplete or late applications will not be considered.
* The Foundation’s Scholarship Committee will interview applicants.

**2025 Eastside Area Community Foundation, Inc. Vocational Assistance Application**

**Personal Information:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_**

**Email \_(not Eastside email)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education:**

**High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Study at Impact Institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activities**

List activities you participated in throughout high school. Record them in the order of importance to you within each category including only hours spent outside of the classroom.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Year****F=Fresh****So=Soph** | **Avg # hours per year** |  |
| **School: (Clubs, Sports, Band, Student Council, etc)** |  |  | **Leadership Positions, Letters Earned, Awards Received** |
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| **Volunteer: (nursing home, missions, etc)** |  |  | **Describe your responsibilities and what you learned** |
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| **Community: (church, scouts, 4H, etc)** |  |  | **Describe your responsibilities and what you learned** |
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**Work Experience**

List your paid work experience (including self-employment) throughout high school.

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| --- | --- | --- | --- |
| **Employer** | **Nature of Work** | **Start Date / End Date** | **Hours per Week** |
| Junior Year |  |  |  |
|  |  |  |  |
| Sophomore Year  |  |  |  |
|  |  |  |  |
| Freshman Year |  |  |  |
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**2025 Eastside Area Community Foundation, Inc. Vocational Assistance Application**

**Essay**

**Answer the following question in essay format (200-300 words)**:

Write a short essay on your chosen field of study. Include why you chose this vocation, any experience you already have and how you plan to use this training to improve our community.

**2025 Eastside Area Community Foundation, Inc.**

**Vocational Assistance Application**

Covenants/Certifications

I attest that I have completed this application and have not plagiarized.

I understand that this assistance is for required tools and supplies to participate in the Impact Institute training. No amount is paid directly to me.

I agree to participate in an interview conducted by the Foundation.

I accept the above statements and certify that all information provided as part of this application is accurate and complete to the best of my knowledge.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize the release of my academic and personal records by Eastside High School.

I give my permission to the Eastside Area Community Foundation to use my name and picture on any printed material produced by the Eastside Area Community Foundation. This includes, but is not limited to, the Eastside Area Community Foundation’s website and Facebook page.

**Applicant’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_