

**COMMUNITY CARING PROGRAM
SCHOLARSHIP PROGRAM
2010**

I. Purpose/Policy

The Community Caring Program wants to establish a scholarship program to aid students from Southeast Michigan to complete their education. Each year the Community Caring Program will award scholarships to aid students to complete a pre-elementary, elementary, secondary, occupational, or college education.

II. Scope

Students under the age of 25 from Southeast Michigan shall be eligible for scholarships. Students must live or go to school in Macomb, Oakland or Wayne Counties.

III. Procedure

A. The Program

A Community Caring Program Scholarship will be awarded to students selected by the Selection Committee after an interview. The recipient will receive \$500 to \$1,000 toward one year of study. Each scholarship assists with the payment of tuition, books and other related costs. Students may reapply each year.

B. Eligibility Requirements

Applicants must be pre-elementary, elementary, secondary, or post-secondary students who are under the age of 25 and are residents of Southeast Michigan (Macomb, Oakland or Wayne County). Applicants must have a financial need for tuition or a need for an enrichment experience.

C. Application Process

Application forms will be made available on our website by **January 11, 2010**. All application forms, transcripts or school reports must be postmarked to the Selection Committee on or before **March 12, 2010**.

One Applicant per application.

Be sure to put proper postage on the envelope or the application will not be accepted.

D. Selection of Recipients

The award winners each year shall be selected by an independent Scholarship Selection Committee. Applications may be made by the candidate, school principal, guidance counselor or other appropriate personnel who should be knowledgeable about the student's skills abilities, and potential for success. **Candidates shall be evaluated on the basis of an interview** by one or more members of the Selection Committee where the following criteria, or a combination of the following will be evaluated:

- Leadership
- Community and personal activities
- School activities
- Financial need
- Unusual family circumstances
- Determination
- Decision-making skills
- Intellectual curiosity
- Goals
- Respect for self and others
- Resourcefulness
- Initiative
- Cooperation
- Referral from a pediatric hospital
- Child facing death-threatening illness

The recipients will be announced on or before June 18, 2010.

E. Obligations of Recipients

It is the responsibility of the scholarship recipient or his/her parent or guardian to apply to and be accepted into a registered, licensed and/or accredited school or program. The recipient will provide the Selection Committee a copy of the grades or evaluation received at least every semester for which the recipient has the benefit of scholarship funds.

F. Selection Committee

The Selection Committee shall consist of an impartial panel of three or more people selected by the Board of Directors, where no member of the Selection Committee shall benefit from the scholarship award.

G. Payment of Scholarships

Scholarships will be paid directly to the educational institution in advance of the student's enrollment. Scholarship money will apply to tuition, books and fees.

IV. General

A. The award recipient is to be notified by letter signed by the Secretary as soon as the selection is made.

B. This program is administered without regard to race, creed, color, religion, sex, nationality, or handicap.

C. General correspondence regarding the program shall be addressed to:
Community Caring Program, P.O. Box 3640, Center Line, Michigan 48015.

**COMMUNITY CARING PROGRAM
SCHOLARSHIP APPLICATION**

INFORMATION/GUIDELINES

For your reference, listed below are items you will need to pay particular attention to when completing the Community Caring Program's application for scholarship:

Application should be typed or printed in ink.

To be considered complete, applications must be accompanied by a school transcript or, in schools where transcripts are not used, some type of school report.

You must submit one original completed application and one duplicate copy of the completed application (including a copy of transcript and essay, if required).

Applications received that do not include a duplicate copy of the application, transcript and essay, if required, *will not be considered*.

All applicants in high school or high school graduates, must complete a 200-word essay as described in the application and submit it along with the application and school transcript to be considered.

Application forms, essays and transcripts must be postmarked by **March 12, 2010**.

Application forms and other documentation must be mailed. Faxed copies, etc. will not be accepted.

The recommendation form is optional.

An interview is required to be eligible to receive a scholarship.

Please read the application carefully and answer each question. Additional copies of scholarship applications can be acquired through our web site at www.communitycaring.org.

**COMMUNITY CARING PROGRAM
SCHOLARSHIP APPLICATION
2010**

The purpose of the Community Caring Program is to establish a scholarship program to aid under-privileged students in Southeast Michigan to pursue their education or an enrichment experience. Scholarships are available to individuals under the age of 25 who have financial need for tuition or need of an enrichment experience. **Applicants must have their applications postmarked before March 12, 2010.** Qualifying applicants **will be scheduled for an interview.** The recipients of the funds will be announced on or before June 18, 2010. **Only applications for awards in 2010 will be considered.** You must send in two complete sets.

Please provide the following information about the applicant. Please type or print:

Applicant's name: _____

Date of birth: _____

Address: _____

City, state and zip code: _____

Telephone number: _____

Social Security number: _____

Current school or program: _____

Current grade in school : _____

Description of academic/enrichment program for which scholarship will be used:

Name and address of the educational institution/program described above:

Month/year program starts:

If there is insufficient space to answer any of the following questions, please complete the answers on an additional piece of paper.

What are your favorite activities? Why do you like to do these things?

Give specific examples of school or community activities in which you have participated.

Describe any leadership roles you have taken (optional for students under age 12).

Describe any honors you have won.

Of all of the things you have accomplished, either in or out of school, which have given you the greatest satisfaction? Why?

Do you have any disabilities? Yes _____ No _____

If "yes," describe your disabilities:

Describe any unusual family or personal circumstances the Committee should know about.

FINANCIAL INFORMATION

Estimated annual expenses of school or program:

Tuition and fees _____
Books and supplies _____
Room and board _____
Personal expenses _____
Transportation _____
Other _____
Total _____

INCOME

If applicable, Applicant's Annual Income _____
Mother's Annual Income _____
Father's Annual Income _____
Guardian's Annual Income _____

What is your family's total taxable income from your family's most recent federal tax return? **If you are interviewed, you must submit a copy of the most recent federal tax return at the time of the interview.** _____

SIZE OF HOUSEHOLD

Number of brothers and sisters living at home _____
Number of brothers and sisters living away from home _____
Total number of people living in your home _____

Please list any other scholarships, grants and/or loans you are seeking or have been awarded.

If you are in high school or are a high school graduate, please include with your application an essay of 200 words or less on a separate sheet of paper on one of the following topics:

1. Why you should be considered for a scholarship.
2. What contribution you will be able to make to your community if you receive a scholarship.
3. How receipt of a scholarship will enable you to achieve your goals.

REFERENCES

Please list the names, addresses and telephone numbers of two persons who can recommend you for a scholarship who are not family members.

_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
Phone Number	Phone Number

All information on this form is true and complete to the best of my knowledge and ability.

_____	_____
Applicant's Signature	Date

_____	_____
Parent or Guardian's Signature if appropriate	Date

Please send the completed application (**And One Duplicate Copy**) to:

**Community Caring Program
P.O. Box 3640
Center Line, Michigan 48015**

Please staple the packets together in the following order:

Original

1. Application – pages 1 through 4
2. Essay
3. Transcript or grade from school
4. Recommendation Form (if you have one)

Copy

1. Application – pages 1 through 4
2. Essay
3. Transcript or grade from school
4. Recommendation Form (if you have one)

