

Founders' Scholarship Application

Section A - Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Date of Birth: _____ Male: ___ Female: ___ Social Security Number: _____

Primary Diagnosis: _____ Physician/Treatment Center: _____

On/Off Treatment since: _____ Phone Number for above: _____
(Circle One)

This scholarship would help to finance my education at the following educational institution/s: (Please list full information for each university/college/vocational/technical school you are considering. If you have not yet chosen a school, please list all you are considering. Your award will not be sent until you have notified us of your acceptance and selection of a school.)

School: _____ Have you accepted? _____

Address: _____
Street Address

City State Zip Code

When is tuition due at the institution?
Fall Semester Due Date: _____
Spring Semester Due Date: _____

School: _____ Have you accepted? _____

Address: _____
Street Address

City State Zip Code

When is tuition due at the institution?
Fall Semester Due Date: _____
Spring Semester Due Date: _____

Section B – Financial Information (Student)

Do you live with your parents/guardians when not at school? _____

If not, how long have you live independently: _____

Will your parents/guardians contribute to your school expenses? _____ Amount: _____

Will you contribute to your school expenses? _____

If so, what is the source/amount of your income:

Please specify any type of employment, scholarships, and financial aid:

Applicants who will cover their own educational expenses should and fill out the section above.

Section C – Financial Information (Parents/Guardians)

Please list your Household Gross Annual Income: _____

Do you own your own home? _____ Value: _____

List any other source of income (please include any other family support, alimony, etc.):

Describe any outstanding debts:

Describe any specific information impacting your family's financial need in meeting the applicant's educational goals (future medical bills, other siblings in college, etc.):

Section D – School Information (school official please fill out section and attach a transcript)

Grade Point Average (un-weighted based on a 4.0 scale): _____

Rank in Class: _____ Size of Graduation Class: _____

Applicant's highest SAT/ACT scores: _____

This information has been filled out by the following school official:

Name: _____ Title: _____

***School info/transcripts may be high school or most recent college/post sec. class completed

Section D – School Information (student please fill out section)

Applicant: please list any extracurricular activities you have been involved in:

Applicant: please list any honors/awards you have received:

Section E – Essay and Letters of Recommendation

Applicant – please attach a 500 word essay describing why you feel you would benefit from this scholarship. Please include details about your experiences with Camp Ta-Kum-Ta and your educational and personal goals.

Applicants without an essay will not be considered.

Please also include 2 letters of recommendation from non-family members. These letters should be from educators, mentors, doctors, etc. Please choose people you know well and can speak to your attributes and character.

Additional Information

All paperwork must be received by **April 15, 2016**. Only completed applications will be presented to the committee for review. You will be notified in June if you have been awarded a scholarship.

Please send completed applications to:

Camp Ta-Kum-Ta
The Founders’ Scholarship
P.O. Box 459
So. Hero, VT 05486

For questions about this scholarship, contact:

Hattie Johnson at (802) 372-5863 or by email hattie@takumta.org

Certify Application

I hereby certify that the above information is true to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____