

If a student from a protected class requires accommodations to complete and submit the scholarship application, contact The Crater Foundation office. The scholarship application process is designed to reduce or eliminate barriers in order to ensure students with disabilities have equal access and opportunity to apply, and receive receive scholarships through the Crater Foundation.



CRATER FOUNDATION SCHOLARSHIP APPLICATION

Please Type (Handwritten Applications will NOT be accepted) Application # _____

Applicant Contact Information			
Last Name:		First Name:	M.I.
Home Address:		Apartment /Unit #:	
City:		State:	ZIP:
Home Phone:		Cell Phone:	
Email Address:			

ACADEMIC INFORMATION			
Please mark the box that corresponds with your school:	CUM GPA		WGHT GPA
	Please list the District 6 elementary schools you attended:		
<input type="checkbox"/> Crater Academy of Health and Public Services <input type="checkbox"/> Crater School of Business Innovation & Science <input type="checkbox"/> Crater Renaissance Academy			
Choose to enter your SAT or ACT Scores			
SAT Score: (Optional)	Total Score:		
ACT Composite Score: (Optional)			

Student College Plans and Personal Information		
At This Time I Plan to Attend: (school or program)		
I Plan on Majoring in:		
Do you plan to major in Fire Science?	Have you filled out the FAFSA? (Yes or No?)	
Do you plan to attend cosmetology school?	What is your EFC SCORE from the FAFSA?	
Do you plan to pursue a career in law enforcement?	Do you have a Veteran family member?	
Do you plan to pursue a career in education?	Did you participate in Junior Comets sports?	

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FAMILY INFORMATION

List brothers/sisters (and other dependents) living at home or at college.

	Name	Relationship to Applicant	Age	School or Occupation	Year in School
1					
2					
3					
4					

Father/Step-Father Name:		Annual Gross Salary:	
Employer:			

Mother/Step-Mother Name:		Annual Gross Salary:	
Employer:			

Parents Marital Status: (Choose and type ONLY ONE of the following: Married, Separated, or Divorced)	
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If there are extenuating circumstances that makes it difficult for your family to contribute toward your education, please list and explain below (limit 500 characters).

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EMPLOYMENT HISTORY

Please complete the following information about your work experiences.

Employer:		Dates of Employment:	
Job Responsibilities:		Average Number of Hours per Week Worked:	
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Job Responsibilities:		Average Number of Hours per Week Worked:	

If there are extenuating circumstances regarding your work or your earnings and family responsibilities, please list and explain below (limit 500 characters).

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STUDENT INVOLVEMENT AND LEADERSHIP

In the sections below, please list any internships, activities, events, or experiences that you feel may apply (please elaborate). List membership in school and community activities, clubs, and athletics. Include honors, awards received, or offices held.

FRESHMAN (limit 300 characters)

SOPHOMORE (limit 300 characters)

JUNIOR (limit 300 characters)

SENIOR (limit 300 characters)

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ESSAY (minimum 350 words, maximum 7000 characters)

Write an essay that describes you, your hopes, goals, ambitions, and the reasons for seeking a higher education.

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SIGNATURE

Signature _____

(By adding my digital signature I am giving my permission to release my transcripts and application for scholarship considerations)

The complete Scholarship Application will be due on **Monday, February 13, 2022**. Applications may be turned in to the Crater Foundation Office in room 44 on the Crater Campus or by email to craterfoundation@district6.org.