



Greene County Community Fund 2024 Scholarship Program

The Greene County Community Fund announces the 2024 **Greene County Community Fund Scholarship Awards Program**. Under the Program, four (4) \$1000 scholarships will be awarded to seniors attending Greene County Tech, Paragould, Marmaduke and Crowley's Ridge Academy High Schools in Greene County, AR.

(One scholarship awarded per school)

To be eligible, Applicants must meet the following requirements for consideration:

Program Guidelines & Priorities:

- * Seeking graduating seniors with a record of volunteerism in the community.
- * Be a resident of Greene County and attend school at one of the four Greene County High Schools.
- * Applicants must plan to attend a two (2)-year community college/technical school or four (4)-year college or university.
- * Applicants must have the endorsement of their HS Guidance Counselor on their application attesting they are qualified for this scholarship program.
- * Applications must be received by the Greene County Community Fund no later than **March 30, 2024**.
- * **A complete application packet is required for consideration. Late or incomplete applications may not be considered.**

Three Options for submission of applications:

(1) Check with your school's Guidance Counselor's Office.

They will accept your application, make sure you have all required paperwork, sign their part of your application and submit it for you!

(2) Mail one copy of a completed, neatly printed or typed application package to:

(This includes application with sign off by Guidance Counselor, essay, and 2 letters of recommendation)

GCCF Scholarship Committee
C/O Greene County Community Fund
PO Box 252
Paragould, AR 72451

(3) Or submit one copy of a completed, neatly printed or typed application package to:

(This includes application with sign off by Guidance Counselor, essay, and 2 letters of recommendation)

401 South 3rd Street
Paragould, AR 72450
(Inside the Young Attorney office)

Recipients chosen, will receive \$500; per semester; of the awarded year; higher education scholarship. Which can be used for costs towards: tuition, books, room/board, fees, and other college expenses at any accredited college, university, or vocational school of their choice. Funds will be disbursed directly to the Institution in **September 2024** for the Fall semester and **January 2025** for the Spring semester. The fall 2024 semester scholarship award is contingent upon the GCCF office receiving a certificate of enrollment to an accredited higher education institution, Student ID number and address for the Institution's Treasurer's Office. The Spring 2025 semester scholarship award is contingent upon submission of: Fall 2024 transcript (demonstrating a C or better average, 2025 Spring semester verification of enrollment, student ID number, along with address for Institution's Treasurer's Office, to GCCF Office. Please submit any questions to: gccfund@outlook.com

The applications will be reviewed by the GCCF Scholarship Committee. Recipients are selected through blind application process. Scholarships will be awarded at your schools' senior awards day, date determined by each individual school.

Applications may be downloaded from the Greene County Community Fund website at: www.gccfund.org

Yes! I have been a Resident of Greene County, AR for _____ Years.

Applicants Name: _____ (AKA-Nicknames)

Applicants Phone: _____ Email _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

(1) Parent Name: Mr/Mrs _____ Contact Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Place of work: _____

(2) Parent Name: Mr/Mrs _____ Contact Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Place of work: _____

Are you familiar with the Greene County Community Fund or have you or a family member been involved with GCCF? If so, please list. _____

Family gross annual income from 2018 Income Tax form 1040 Line #22:

<\$20,000 \$20,000-\$40,000 \$40,000-\$60,000 \$60,000-\$80,000 >\$80,000

What is your expected out of pocket cost for your first year of college after scholarships awarded to date?

On a separate paper, please submit the following request:

(In the top left hand of **ALL** additional papers

please identify the section you are addressing followed by the essay title/request)

C-1) COMMUNITY SERVICE ESSAY: *In 250 – 500 words Describe how your community service came about and what being a volunteer has taught you. Are there any causes or organizations that especially interest you? Finally, discuss any challenges you have dealt with and overcome and how this will help you succeed in college and beyond.*

C-2) MY WISH ESSAY: *In 250 words or less comment on, “Why I should be chosen as the recipient of this scholarship.” and “What impact would I like to make in My community!”*

C-3) Enclose a copy of your unofficial high school transcript.

C-4 & C5) Enclose a Two recommendation letters: *Provide two letters from teachers, employers, volunteer leaders, church leaders, etc., who can tell us about your personal qualities and work ethics. Recommendation letters from family members are not accepted.*

Don't
Forget!



Place The last 4 digits of applicant's SSN in top right-hand corner of page on **ALL additional or attached pages!!**

High School Attending: _____ GPA: _____ Expected Date of Graduation: _____

College Attending in Fall 2024: _____

My Housing plans are to: (circle one) live on Campus or Commute

Anticipated field of study: _____

Are you currently employed? _____ Employer: _____

How many hours a week do you work? _____ What have you learned from your work experience ? _____

A-1) List any academic honors, awards and membership activities while in high school: _____

A-2) Other scholarships received and total awarded? (Please list) _____

B-1) List your hobbies, outside interests, extracurricular activities and school related volunteer activities:

B-2) List your non-school sponsored volunteer activities in the community _____

B-3) Any additional information you feel the selection committee should be aware of: _____

**Don't
Forget!**



Place The last 4 digits of applicant's SSN in top right-hand corner of page on ALL additional or attached pages!!

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote the Greene County Community Fund Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

I Hereby understand that the scholarship deadline is March 30, 2024 and that LATE or INCOMPLETE applications may be considered.

I hereby understand that this is a \$1,000 scholarship, payable to the post secondary institution , in the amount of \$500 in the fall and \$500 in the spring.

I hereby understand that if chosen as a scholarship winner, according to Greene County Community Scholarship policy, it is my responsibility to submit to the Greene County Community Fund, no later than August 31, 2024, a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.

I hereby understand that in order to receive the spring endowment I must provide proof of GPA/completion for fall semester and proof of enrollment for spring classes prior to February 1, 2025.

Signature of Scholarship Applicant: _____ Date: _____

STOP!

(School use only)

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

- YES!** I hereby affirm that this applicant is in good standing with the school district and meets the criteria set forth by this scholarship program and support the submission of this application to Greene County Community Fund Scholarship Program.
- NO!** I hereby declare that this applicant is not in good standing with the school district or that the application **DOES NOT** meet the criteria set forth by this scholarship program and therefore do not support the submission of this application to Greene County Community Fund Scholarship Program.

Name of Guidance Counselor: _____

High School: _____

Contact information (email and phone):

Signature of Guidance Counselor: _____ Date: _____