

Annie Horton Memorial Scholarship

SCHOLARSHIP APPLICATION 2025

Administered by the Community Foundation of White County
(1001 Airport Rd.) P.O. Box 1154, Monticello, IN 47960
Phone (574) 583-6911

SCHOLARSHIP HISTORY: Annie Horton was a vivacious, creative, and joyful young woman who loved and lived life to its fullest. She was killed in a tragic car accident the summer of 2002 after her sophomore year in high school. In her memory, Annie's parents established this scholarship to encourage and support high school students who wish to attend summer study programs to further their passions and talents.

SCHOLARSHIP CRITERIA:

One or more **\$500-\$1000** scholarships available to White County high school freshmen, sophomores and juniors accepted to a summer program in the field of academics or leadership.

Preference will be given (but not limited) to students accepted at a summer program in the field of journalism, art, music, science or leadership.

Enthusiasm and interest in the summer program will be the most important criterion for acceptance, followed by academic standing and financial need.

CHECKLIST OF ATTACHMENTS:

One-page personal Insight Essay, explaining why this summer program is important to you, your expectations for the experience, and how the program might apply to life, school, and community

Two letters of recommendation: one each from a teacher and a community or church leader

Copy of your application and letter of acceptance

Copy of program invoice

Please read and follow all instructions carefully. Incomplete applications will not be considered.

Applicant Information & Education Plans: *Fill out completely.*

Name (*first, middle, last*): _____

Permanent mailing address (*Street, City, State, Zip*): _____

_____ E-mail address _____

Telephone: _____ Date of Birth: _____ Are you a U.S. Citizen? _____

County of Residence: _____ High School/Present Grade _____

Summer Program _____ Total Cost of Program _____

Program Sponsor (e.g. name of college) _____ Program Dates _____

Mailing address of Program _____

I certify that all information given in this application is true and understand that falsification of information will result in the termination of any scholarship granted. Dated this _____ day of _____, _____.

Signature: _____

Return to Community Foundation of White County by May 1, 2025.

General Information

Family Overview:

Father's Name: _____ Mother's Name: _____

Parents' current marital status (*Check one*): Single Married Separated Divorced Widowed

Number of family members living in household: _____

Father's Occupation: _____ Employer _____ Length of Employment _____

Mother's Occupation: _____ Employer _____ Length of Employment _____

Ages of brothers, sisters, stepbrothers, and stepsisters currently living in household: _____

Personal Involvement/Achievements

School and extra-curricular activities (*list any offices held*) _____

Honors/Awards _____

Community/Volunteer/Church activities _____

Academic Information:

High School: _____ Graduation Date: _____

Cumulative GPA: _____ (*on a scale of _____*) Counselor: _____

Are there any special circumstances or needs we should be aware of? _____
