Community Foundation of White County

WOMEN GIVING TOGETHER SCHOLARSHIP IN HONOR OF CONNIE NEININGER

(1001 Airport Rd.) P.O. Box 1154, Monticello, IN 47960 Phone (574) 583-6911 www.cfwhitecounty.org

Application instructions

The Women Giving Together Scholarship was created to honor Connie Neininger, the first Executive Director of the Community Foundation of White County. A pillar in the community, Connie helped not only with the creation of the Foundation but led community-wide efforts to build a giving circle for women to engage in philanthropy and address their hopes and dreams. This scholarship is a continuation of the mission of Women Giving Together.

This \$500 scholarship is to support a non-traditional female student pursuing higher education who resides in White County. Student must not be related to Connie Neininger. Payment for scholarship will be made directly to college/university upon receipt of official invoice copy.

CHECKLIST OF ATTACHMENTS:

Copy of official transcript of grades

Copy of letter of acceptance from a college/university

Personal insight essay (1-page)

Letter(s) of recommendation (1)

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

Name (first, middle, last):		
Permanent address (Street, City, State, Zip):		
	Email address	
Preferred telephone:	Date of Birth:	Are you a U.S. Citizen?
County of Residence:	Anticipated Major:	
College/Technical school you plan to attend:		
City	State	Have you been admitted? YES / NO
Check one: 4-year college/university	2-year community/jun	nior college vocational/technical school
I certify that all information given in th	is application is true and	d understand that falsification of informati
will result in the termination of any scho	olarship granted. Dated	this,,,
Signature:		

Family Overvieu Number of family		ing in household:	_	
			ear (not including yourself):	
Personal Involve be forwarded to se			additional page, <u>only</u> if necesso	ary; other additional pages will not
_				
Honors/Awards				
Community/Volum	nteer/Church	activities		
Work Experience:		Position	Employer	Hours per week
Other scholarships		eived or expect to receive (if kno	own at this time):	
Name or Source of Scholarship			Amount \$	
Name or Source of Scholarship			Amount \$	
Other scholarship	s for which y	ou have applied:		
Academic Inform	nation:			
High School:			Graduation Date:	
Class Rank:	of	Cumulative GPA:	(on a scale of)	
Higher Education	(if any)			
Years attended:		Major:		
Degree achieved (i	if any)			
Awards/Certificate	es:			

Applications can be returned to the Community Foundation of White County's office or sent electronically: PO Box 1154, Monticello, IN 47960 ben@cfwhitecounty.org