

F.C.E.C.E.F.

Academic Scholarship
Application

Deadline – April 15

*Fentress County Education and
Community Enhancement Foundation*

F.C.E.C.E.F.

Fentress County Education and Community Enhancement Foundation

Scholarship Application

Deadline: April 15

The F.C.E.C.E.F. is a non-profit foundation organized for the purpose of furthering education and improving the social and economic welfare of Fentress County and its residents.

I, _____, a senior at _____, wish to apply for the F.C.E.C.E.F. scholarship.

I understand that the scholarship is competitive and that the determination of the scholarship award will be made by the F.C.E.C.E.F. I further understand that if I am chosen as the scholarship recipient, the following terms will apply:

The F.C.E.C.E.F. Scholarship is for \$1000.00 per year for a total of four years, to be paid on the basis of \$500.00 per semester. Continuation of the scholarship after the first semester will be contingent upon meeting the Foundation's scholarship renewal guidelines.

Guidelines for Scholarship Renewal:

Scholarship recipients must continue to meet the following requirements during their undergraduate study to remain eligible for the scholarship disbursements. Scholarship continuation will be contingent upon:

- The recipient must earn a minimum of 12 credits per semester as a full-time undergraduate student at an accredited college.
- The recipient must maintain a minimum cumulative grade point average of 2.5 on a 4.0 point scale (or its equivalent).
- At the end of each semester, the recipient must submit to the Foundation a copy of grade transcripts.
- In the event a student does not meet the requirements for continuation, he/she may apply to the Foundation for a one semester probationary period. This probation will be awarded on a case-by-case basis at the sole discretion of the Foundation.

Signature of Applicant

Date

F.C.E.C.E.F.

Fentress County Education and Community Enhancement Foundation

Scholarship Application

Deadline: April 15

Name _____

Address _____

City _____ State _____

Home Phone _____ Cell Phone _____

Email _____

Name of Father/Guardian _____

Address _____

City/State/Zip _____

Occupation _____ Employer _____

Name of Mother/Guardian _____

Address _____

City/State/Zip _____

Occupation _____ Employer _____

Number and ages of children in family _____

Total family yearly income (REQUIRED) _____

Graduation Date _____

GPA _____ Class Rank _____

ACT _____ or SAT _____

Please list preferred colleges, ranked by preference:

1. _____

2. _____

3. _____

Please list one or two courses of study (majors) you are considering:

1. _____

2. _____

School Activities, Awards, and Honors

List all school activities in which you have participated during the past four years (e.g., FFA, sports, VICA, FBLA, etc.)

Activity	Number of years participated	Offices held
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Community Activities

List all community activities in which you have participated during the past four years (e.g., Red Cross, church, volunteer work, etc.)

Recommendations

The two attached scholarship recommendations must be completed and returned as directed.

Additional Requirements

1. Include high school transcript.
2. Interviews MAY be conducted with each applicant. Time and place will be announced.

Narrative

Write a 250 to 300 word explanation of why you want to go to college and what it will mean to you, to your family, and to your community. Include the people you feel have contributed most to your development and to your outlook on life, along with a short statement of how they have affected you. (Consider teachers, family members, ministers, neighbors, etc.)

(Use back of page if necessary)

F.C.E.C.E.F.

Fentress County Education and Community Enhancement Foundation

Scholarship Recommendation

Name of Applicant _____
Mailing Address _____
City _____ State _____ Zip code _____
Phone _____

Please complete this form and mail it to the F.C.E.C.E.F. (address below). Preference will be given to applicants whose application and recommendations are received by **April 15**.

_____ Date _____ Applicant's signature _____

Please rate this applicant on a scale of 1 to 5, with 1 as low and 5 as high.

Willingness to cooperate _____
Attendance in work or school _____
Ability to get along with others _____
Responsibility _____
Courtesy and consideration _____
Personal appearance _____
Dependability _____
Ability to learn _____
Initiative _____

How long have you known the applicant? _____

In what relationship? _____

Describe briefly why this applicant should be considered for this scholarship?

Signature _____ Date _____

Print name and title _____ Phone _____

Employer/business _____

An optional letter of recommendation may be returned with this form.

Please mail directly to:

**F.C.E.C.E.F.
c/o J. Michael Cross
2961 Martha Washington Road
Clarkrange, TN 38553**

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