

Community Foundation of Middle Tennessee

Turner Family Scholarship Application for GED/Adult Basic Education and Personal Development Coursework

Instructions

(Read very carefully and follow exactly)

Student Name

Mr. Ms.

Last Name

First Name

MI

ALL APPLICANTS: Please be sure the following materials accompany your application:

1. Completed Application.
2. Two (2) Applicant Recommendations in envelopes sealed by the Recommender. **You should include the unopened envelopes with your completed application.** Do not send separately.
3. Completed Financial Aid Questionnaire.
4. Attach a brochure or information sheet detailing the personal development coursework you plan to take.
5. Incomplete applications will not be reviewed.
6. **Please submit your application at least six (6) weeks prior to the beginning of the course.**

DEADLINE FOR APPLICATION:

Six (6) Weeks prior to the beginning of the Course

Submit applications to:

Scholarship Committee

The Community Foundation of Middle Tennessee

3833 Cleghorn Ave Ste 400

Nashville, TN 37215-2519

(615) 321-4939 – (888) 540-5200 toll-free – (615) 327-2746 (fax)

PERSONAL INFORMATION

Please print clearly in blue or black ink or Complete on your computer

Student Name

Mr. Ms.

Mailing Address

Address _____

City _____ County _____ State _____ Zip _____

Home Phone (include area code) _____ Work Phone (include area code) _____

Birthdate (mm/dd/yyyy) _____ Social Security Number _____ Gender Male Female

Permanent Address (if different from above)

Address _____

City _____ County _____ State _____ Zip _____

Home Phone (include area code) _____ Work Phone (include area code) _____

Are You A

G.E.D. Graduate

High School Graduate, Never Enrolled in College

Undergraduate Student (ages 17-24)

Undergraduate Student (ages 25+)

Graduate Student

Other (describe) _____

MARK APPROPRIATE CHOICE

Course I plan to take _____

The Course will be offered at the following location: _____

Address _____

City _____ State _____ Zip _____

How much does it cost to take this course? _____

When will you complete the course? _____

Have you applied for other scholarships? YES NO

Have you received other scholarships? YES NO

If yes, please list from whom and how much: _____

Activities/Work Experience (attach additional sheet if necessary)

List all community and school activities and work experiences in which you have participated. Include sports, student government, volunteer projects, paid employment, etc. within the last three years.

Activity

How Long?

Special Honors

_____ to _____

_____ to _____

Employer

How Long?

Job Description

_____ to _____

_____ to _____

STUDENT ESSAY

Student Name _____

Social Security Number _____

Compose an essay that explains your educational plans and how those plans will lead to your chosen career. How did you choose that career and who or what influenced your decision? Your essay will be a significant part of your applications, so please give it considerable thought. Use only the space provided below; no handwritten essays, please. Do not add additional sheets.

FINANCIAL AID ASSISTANCE QUESTIONNAIRE

Student Name _____

Social Security Number _____

INCOME, EXPENSES, AND ASSET DATA

If you are a **dependent** student (under 24 years of age and can still be claimed by your parents), please have your parents complete the PARENT INFORMATION section of this form using information from their most recent IRS Tax Return.

All applicants must complete the STUDENT INFORMATION section. If you are an independent student, information about you and your spouse, if applicable, must be included. Figures should be taken from your most recent IRS Tax Return.

Student Information	Parent/Spouse Information
1. Adjusted gross income \$ _____	1. Adjusted gross income \$ _____
2. Total U. S. income tax paid \$ _____	2. Total U. S. income tax paid \$ _____
3. Income you earned from working \$ _____	3. Income you earned from working \$ _____
Your Spouse (if applicable) \$ _____	Your Spouse (if applicable) \$ _____
4. Untaxed income and benefits, (AFCD, ADC, SSI, etc.) \$ _____	4. Untaxed income and benefit AFDC, ADC, SSI, etc.) \$ _____
5. Medical/dental expenses not covered by insurance \$ _____	5. Medical/dental expense not covered by insurance \$ _____
6. Cash, savings, stocks, bonds, CD's, etc. \$ _____	6. Cash, savings, stocks, bonds CD's, etc. \$ _____
7. Net value of real estate holdings not used as primary residence (market value less balance of mortgage) \$ _____	7. Net value of real estate holdings not used as primary residence (market value less balance of mortgage) \$ _____
8. Total number of family members _____	8. Total number of family members _____
9. Your current marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	9. Your current marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
10. How many family members, living, in your house, will be in college this next academic year? _____	10. How many family members, living in your house, will be in college this next academic year? _____

Additional Information

Attach a copy of your Student Aid Report that shows Expected Family Contribution (EFC) as a result of filing FAFSA.

Parents' Occupation (*dependent students only*)

Father _____

Mother _____

Part of the criteria is financial need. Describe personal or family circumstances that make it necessary for you to seek aid for your education. If you and your family have unusual circumstances, such as illnesses not covered by insurance, unemployment, etc. that affect income, please include those as well.

CERTIFICATION

I/we certify that the information on this form is true and complete to the best of my knowledge. I/we understand that the financial information will be considered confidential, for review by the Board and Scholarship Committee of The Community Foundation of Middle Tennessee and any advisors it deems necessary. I/we realize that this proof may include a copy of a U. S. tax return and/or state income tax return. I/we realize that failure to comply with a request for further information may prevent the applicant from receiving any aid. I/we will supply any additional information The Foundation may request. To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the secondary school record and other requested information for consideration with this scholarship application.

APPLICANT SIGNATURE _____ DATE _____

PARENT (SPOUSE) SIGNATURE _____ DATE _____

ACADEMIC APPLICANT RECOMMENDATION

Student Name _____

Social Security Number _____

Have this section completed by a **school administrator, counselor, dean, or teacher or other person in a position of authority** who knows you and your accomplishments. Have him/her place the completed recommendation in a sealed envelope and sign the seal for security. Enclose the unopened envelope in the completed application as you forward it to The Community Foundation.

INSTRUCTIONS: Please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks. Also include how long have you known the student and in what context. We welcome information that will help us to differentiate this student from others. You may attach a separate letter if you wish. **Place the completed recommendation in a sealed envelope and sign the seal for security. Return the sealed envelope to the student.**

Ratings

Compared to others, how do you rate this student in terms of:

	No basis	Below Average	Average	Good Above Average	Very Good Well Above Average	Excellent Top 10%	One of the Top Few Encountered in my career
<input type="checkbox"/>	Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Extracurricular accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal qualities and character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Creativity, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Written expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Effective class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student: With reservation Fairly strongly Strongly Enthusiastically

Name _____ Title _____ Date _____

Organization _____

Address _____

City _____ State _____ Zip _____ Email _____

Signature _____ Phone _____ Fax _____

EMPLOYMENT OR PERSONAL APPLICANT RECOMMENDATION

Student Name _____

Social Security Number _____

Have this section completed by an **employer, community or religious leader or other person in a position of authority** who knows you and your accomplishments. Have him/her place the completed recommendation in a sealed envelope and sign the seal for security. Enclose the unopened envelope in the completed application as you forward it to The Community Foundation.

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<input type="checkbox"/>	Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Extracurricular accomplishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal qualities and character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Creativity, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Written expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Effective class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student: With reservation Fairly strongly Strongly Enthusiastically

Name _____ Title _____ Date _____

Organization _____

Address _____

City _____ State _____ Zip _____ Email _____

Signature _____ Phone _____ Fax _____

EMPLOYMENT VERIFICATION for the TURNER FAMILY SCHOLARSHIP

TO BE ELIGIBLE for the Turner Family Scholarship, you must be a **current full-time or part-time employee of Dollar General**. Applicants must have a minimum of one year of service or more with Dollar General at the time of application.

Please submit with completed application.

Individual employed by Dollar General:

Employee Name _____
last first mi

Social Security Number _____

Home Address _____

City _____ County _____ State _____ Zip _____

Home Phone (*include area code*) _____ Work Phone (*include area code*) _____

Store Number _____

Store Address _____

City _____ County _____ State _____ Zip _____

Job Title _____ Date of Hire _____

Supervisor's Name _____ Phone _____