**GERTRUDE L. McRAE SCHOLARSHIP APPLICATION CRITERIA**

*Scholarships shall be awarded to qualified students by applying the following criteria,*

*and not based on race, creed, color, sex, or national origin.*

**Application must be postmarked no later than April 30, 2024.**

1. **Graduation from a Grant County High School**. If insufficient applications are received from this group, graduates from **Wheeler, Morrow, and Wasco County** High Schools will be considered, in that order.
2. **Exclusion** applies to any person who is a direct descendant of the Gertrude L. McRae family or whose family is a member of the Gertrude L. McRae Scholarship Committee.
3. **Preference** in awarding scholarships is given to upper division college students; however, college freshmen with a demonstrated need have been recipients. Incoming college freshmen are urged to apply, in any case, since this starts a file and provides background for the following year. **Any person who is eligible according to Criteria No. 1 continues to be eligible into the future.**
4. **Preference** will be given to previous Gertrude L. McRae Scholarship recipients, as long as the required standards of academic achievement are maintained.
5. **Attendance at an** a**ccredited college or university is required**. Trade schools do not usually qualify, unless they are associated with an accredited college or university.
6. **Full-time status** and at least a **2.0 grade point average** must be maintained throughout the entire school year.
7. **Federal Student Aid** The first page of the FASFA Form must be included.
8. **Letter of Acceptance** or **Enrollment Verification Form** from the school, **and a recent transcript** showing completed classes, grades, and cumulative GPAmust be included.
9. **Awards are sent directly to the school** to be used only for direct school costs. **If the student fails to register as planned, the entire amount is returned to Grant County ESD.** If registering for a later term, the student must let the Scholarship Committee know, through the Grant County ESD. The Committee will then determine if the original scholarship can be re-granted.
10. **Applicants must submit a new application every year, regardless of past awards.**
11. **Applications must be received** on or before the deadline to be considered for an award.

*If any information is unavailable at the time the application is submitted, please include an explanatory note then send the required information as soon as possible.*

Checklist:

* Application to the ESD postmarked on or before April 30, 2024 – DO NOT EMAIL APPLICATION
* Must include the page indicating the student SAI from the FAFSA
* Letter of Acceptance or Enrollment Verification Form
* Budget completed and revenues match expenditures
* Transcripts – need not be official, but must be current

**APPLICATION & REQUIRED DOCUMENTS**

**MUST BE *POSTMARKED* NO LATER THAN APRIL 30, 2024**

McRae Scholarship Committee

Attn: Robert Waltenburg, Superintendent

835 S. Canyon Blvd.

John Day, OR 97845

(emailed applications will not be accepted)

**Name of College:**

**Mailing Address:**

**Student ID:**

**Previous McRae Scholarship recipient?** [ ]  Yes [ ]  No Number of years?

**Current grade**: [ ] High School Senior [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior

 [ ] Graduate School

I expect to graduate in       with a degree in      .

**A. PERSONAL INFORMATION** SSN (last four digits only):  **xxx-xx-**

**Name**

*First Middle Last*

**Mailing Address:**

 *PO Box/Street City State Zip*

**Phone**

**Have you served in the military forces?** [ ]  Yes [ ]  No Branch

**While attending school, what is your address?**

*PO Box/Street City State Zip*

**For what occupation or profession are you preparing?**

**Current Employer**       **Salary**

**Spouse's Name**

**Spouse's Employer**       **Salary**

**B. FAMILY INFORMATION *(not necessary if over 24 and/or married)***

**Father**       **Phone**

**Address**

 *Street, City, State, Zip*

**Employer**       **Occupation**       **Salary**

**Mother**       **Phone**

**Address**

 *Street, City, State, Zip*

**Employer**       **Occupation**       **Salary**

**Emergency Contacts:**

 **Name of relative**:       **Relationship**:

 **Phone**:

 **Name of non-relative**:       **Relationship**:

 **Phone**:

**C. FINANCIAL INFORMATION**

**Number of Dependents, including self**

**What is the total amount of your indebtedness?**

**Name and Address of Creditors Date Unpaid Monthly**

 **other than loans for school Incurred Balance Payment**

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Do you have any indebtedness for school costs?** [ ]  Yes [ ]  No **Amoun**t? 

**Name and Address of Creditors** **Amount** **Repayment Plan**

|  |  |  |
| --- | --- | --- |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Do you have full use of an automobile?** [ ]  Yes [ ]  No

**Driver’s license number**       **State**

**Vehicle Make**       **Model**       **Year**

**Revenues and Expenses column totals should EQUAL THE SAME AMOUNT.**

**Revenues Expenses**

Savings $ ­­ Tuition and Fees $ 

Anticipated earnings during Board $ 

 the school year. . . $  Room $ 

Advances from parents or

 any other sources . . . $  Books & Equipment $ 

Scholarships $  Clothing $ 

 Transportation $ 

Loans (other sources) $  Other Obligations $ 

Amount requested from

McRae Scholarship $  Incidentals $ 

**TOTAL $**       **­TOTAL $**

**Do you plan to work during the school year?** [ ]  Yes [ ]  No

**Type of employment**       **Estimated hours per week**

**Have you ever filed bankruptcy, or been involved in a repossession?** [ ]  Yes [ ]  No

**Provide any financial information that you feel may have a bearing on this grant request, especially with regard to family finances. Please attach a separate sheet, if necessary**.****

**D. ACADEMIC INFORMATION**

**Letter of Acceptance from the school and current unofficial transcript must be included.**

**Number of college credits earned**:       **Post-high school GPA**:

**High School GPA**:       **Class ranking at graduation**:

**Education institutions attended** **starting with High School graduation (required):**

|  |  |  |
| --- | --- | --- |
| **Institution** | **Year** | **Degree** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**List of organizations of which you are an active member**:

|  |  |  |
| --- | --- | --- |
| **Organization** | **Years Active** | **Office held?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**In the space provided, state any circumstances not covered by this application that would have some bearing on your request for financial assistance**.****

**CERTIFICATION: I am not related in any way to the Gertrude L. McRae family or a Selection Committee member.**

**Signature of Applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist**:

* Application to the ESD postmarked on or before April 30, 2024 – DO NOT EMAIL APPLICATION
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* Budget completed and revenues match expenditures
* Transcripts – need not be official, but must be current

**SUBMIT ONLY THE REQUIRED DOCUMENTS -- NO FOLDERS, COVERS OR BINDERS, PLEASE.**

TERMS AND CONDITIONS OF THE SCHOLARSHIP APPLICATION

Gertrude McRae Scholarship Committee

Attn: Robert Waltenburg

835 S. Canyon Blvd.

John Day, OR 97845

In making application for a scholarship from the Gertrude L. McRae Scholarship Trust Fund, I am fully aware of the following terms and conditions should I receive a grant, and in consideration thereof, I agree as follows:

1. I will use the grant proceeds only for direct school expenses, such as tuition, books and room & board. I will also make an accounting of my use of grant proceeds, with appropriate receipts, upon request.

2. I will provide a transcript of my courses upon request. If I am taking non-graded courses, or am involved in non-graded projects, I will provide a progress statement from my project advisor or instructor, upon request.

3. I will keep the Scholarship Committee informed of my current address and will promptly answer any correspondence regarding this scholarship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

Printed Name of Applicant