

HOMER AREA COMMUNITY FOUNDATION

Calhoun County Swine Club Scholarship



The Calhoun County Swine Club Scholarship was established in 2013 with the Community Foundation Alliance of Calhoun County, upon their dissolution, the fund was transferred to the Homer Area Community Foundation in 2015.

Two yearly scholarships of a minimum of \$300 will be awarded to a high school senior or high school graduate continuing their education at an accredited institution in the year in which they are applying and must be enrolled as a Calhoun County Youth Swine Exhibitor at the time of application. Applicants may not be older than 19 years of age as of January 1st of the current year. Previous recipients are not eligible. The applicants will be judged on livestock participation, leadership, and citizenship. The scholarship is administered by the Homer Area Community Foundation and will be paid to the accredited institution in the name of the recipient. Recipients must apply the entire scholarship towards their education at a technical school, college, or university.

* All HACF scholarship recipients must attend the Scholarship Reception at the Homer Community House. All recipients will be notified by personal invitation. If you change your field of study please inform the HACF as soon as possible (517.568.3495).

Application Requirements:

- Completed Application
- Copy of High School-or-College (unofficial copy will be accepted) Transcript
- Letter of Recommendation from Swine/Youth Club leader with contact information

Scholarship Deadline: March 15 (annually). Applications can be turned in at the MSU Extension office by close of business, or mailed (with postmark on or before March 15th) to the Homer Area Community Foundation at P.O. Box 201, Homer, MI 49245.

Please feel free to include in your scholarship application ANY other pertinent documentation (i.e. resume, college acceptance letters, project photos, copies of swine reports, letter of work reference, etc.)

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Calhoun County Swine Club Scholarship Application



*All HACF scholarship recipients must attend the Scholarship Reception date TBD. All students will be notified by personal invitation. If you change your field of study please inform the HACF as soon as possible (517.568.3495).

GENERAL AND ACADEMIC INFORMATION:

Name: _____ Social Security # (last 4 digits): _____

Address: _____ City: _____ Students Telephone: _____

Email: _____

Birth Date: _____ Parents/Guardians: _____

High School: _____ Years Attended: _____

Graduation Date: _____ GPA: _____ Class Rank: _____

College planning to attend: _____ Have you been accepted? _____

Beginning date: _____ Intended College Major: _____

Degree or Certification expected: _____ Length of Study: _____

Expected job or career upon completion: _____

School Activities you have participated in: _____

Community Activities you have participated in: _____

Fine Arts Activities you have participated in: _____

Sports Activities you have participated in: _____

Other Activities you have participated in: _____

CONFIDENTIAL

FINANCIAL INFORMATION:

Cost per year – Tuition: \$ _____ Room & Board: \$ _____

Miscellaneous Expenses: \$ _____ Total: \$ _____

RESOURCES AVAILABLE TO COVER ABOVE EXPENDITURES:

FINANCIAL INFORMATION:

Amount of scholarship

Other scholarships you have applied for: _____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Please list profits/gains earned from livestock project(s): \$ _____

Please explain how the sale of your past livestock projects be used towards your education: _____

Please describe any unusual financial circumstances: _____

The undersigned hereby acknowledges that the information provided is true and correct to the best of their knowledge and consent that this information may be provided and disclosed to the various scholarship committees to review the information for use in the selection for scholarship recipients. We hereby release from liability any person submitting information to the scholarship committee for use in the selection of scholarship recipients.

Signature of student

Signature of parent/guardian
(If student is under 18)

Date

***If more space is needed, please include a separate page with question responses.**