

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 is due April 28, 2023.

- 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 students; however, freshmen with a demonstrated need have been recipients. 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 accredited 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 GPA must 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. 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 28, 2023 – DO NOT EMAIL APPLICATION
- ✓ First page of 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 BY April 28, 2023

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 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: _____

C. FINANCIAL INFORMATION

Number of Dependents, including self _____
What is the total amount of your indebtedness? _____

Name and Address of Creditors other than loans for school	Date Incurred	Unpaid Balance	Monthly Payment

Do you have any indebtedness for school costs? Yes No **Amount?**

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.**

	<u>Revenues</u>		<u>Expenses</u>
Savings	\$ <input type="text"/>	Tuition and Fees	\$ <input type="text"/>
Anticipated earnings during the school year. . .	\$ <input type="text"/>	Board	\$ <input type="text"/>
Advances from parents or any other sources . . .	\$ <input type="text"/>	Room	\$ <input type="text"/>
Scholarships	\$ <input type="text"/>	Books & Equipment	\$ <input type="text"/>
Loans (other sources)	\$ <input type="text"/>	Clothing	\$ <input type="text"/>
Amount requested from McRae Scholarship	\$ <input type="text"/>	Transportation	\$ <input type="text"/>
<u>TOTAL</u>	\$ _____	Other Obligations	\$ <input type="text"/>
		Incidentals	\$ <input type="text"/>
		<u>TOTAL</u>	\$ _____

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. The box below will expand as you type. Please attach a separate sheet, if necessary.

Click or tap here to enter text.

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. This box will expand as you type.

Click or tap here to enter text.

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

Signature of Applicant _____ **Date** _____

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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