



February 8, 2019

Dear Boilermaker,

Congratulations on being accepted to Purdue University! The Purdue Club of Muncie will continue its tradition of encouraging and helping incoming freshmen by awarding a scholarship to a freshman who is a 2019 graduating senior of a high school in Delaware County, Indiana. We would like to invite you to apply for the 2019 Scholarship awarded by the Delaware County Friends of Purdue, Inc., through the Purdue Club of Muncie. **The \$2,500 scholarship for the West Lafayette campus is renewable for up to four consecutive years, a total of \$10,000, provided that the student meets the minimum criteria.**

Advise your guidance counselor that you are completing this application. Complete pages 1 and 2 of the application. Select someone who knows you well to complete the Applicant Appraisal section of page 3. There are suggestions about who would be an appropriate person at the top of this section. Either you or your appraiser may return page 3 to your high school counselor. Be certain that the Transcript Information is completed and that a current transcript of grades is submitted with your application. There is an applicant signature line to complete at the bottom of page 3. **Please note the deadline. Applications must be postmarked by April 8, 2019.** We encourage you to apply, regardless of your class ranking.

The 2019 \$2,500 scholarship check will be awarded to the winner at the annual Purdue Club Summer Picnic scheduled for July 24, 2019. All freshmen and their families are invited to attend. You will receive more information about the picnic at a later date. There is no cost for an incoming freshman to attend the picnic.

We look forward to receiving your scholarship application and to seeing you at the picnic.

748-3277 sismith28@sbcglobal.net

Sincerely,
Sandie Smith
Sandie Smith, Scholarship

THE PURDUE CLUB OF MUNCIE 2019 SCHOLARSHIP APPLICATION FORM

APPLICATION POST MARKED BY APRIL 8, 2019

PLEASE PRINT OR TYPE

APPLICANT DATA

Name _____
(Last) (First) (Middle initial)

Address _____
(Street) (City) (State) (zip)

Telephone No. _____ Email _____

Parents / Guardians' Names _____

Major field of study applicant plans to pursue _____

SCHOOL DATA

High School Attended DELTA HIGH SCHOOL Graduation Date: Mo June Yr 2019

3400 E SR 28

Address MUNCIE, IN 47303 _____
(street) (City) (State) (zip) Telephone number (765) 288-5597

Name of High School Guidance Counselor _____

SCHOLARSHIP DATA

How did you learn about the scholarship? _____

*An interview will be held with the strongest applicants. Applicants will be notified of the interview date and time.

The \$2500 scholarship awarded in 2019 will be a renewable scholarship awarded for a maximum of four consecutive years for a total amount of \$10,000. The recipient must maintain a minimum cumulative GPA at Purdue to retain the scholarship:

End of second semester	2.00/4.00
End of fourth semester	2.25/4.00
End of sixth semester	2.50/4.00

The scholarship recipient must provide official transcript of grades issued for each grading period prior to a recipient receiving the scholarship check at the Annual Summer Picnic.

WINNERS ARE EXPECTED TO ATTEND THE PICNIC TO RECEIVE SCHOLARSHIP CHECKS.

PERSONAL DATA

Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hour worked each week.

Position	Date from: mo/yr.	Date to: mo/yr.	Hours per week	Amount earned

List all school activities in which you have participated during the past 4 years (e.g. student government, music, sports, etc.)
 List all community activities in which you have participated without pay during the past 4 years (e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors. If more space is needed, please use the back of this page.

Activity	No of Years Partic.	Special Awards Honors	Activity	No of Years Partic.	Special Awards Honors

Make a statement of your plans as they relate to your educational and career objectives and future goals. Use an additional paper if more space is needed.

Please report any unusual family or personal circumstances you feel warrant attention. Use the back of this page or additional paper if more space is needed.

OTHER AWARDS

List the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount/yr.	Granted/Pending	Renewable

APPLICANT APPRAISAL

Someone who knows you well, chosen from the following, should complete this section:
High school or college counselor or advisor, a member of the clergy, an instructor, a professional person or a supervisor.

TO WHOM IT MAY CONCERN: You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to the **high school counselor of the applicant's school.**

The applicant's choice of a post-secondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
I know the applicant	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
Comments _____				
Appraiser's Signature _____	Title _____	Date _____	Telephone number (____) _____	
Appraiser's Address (Street) _____	(City) _____	(State) _____	(Zip) _____	

TRANSCRIPT INFORMATION

Applicant ranks _____ in a class of _____ Cumulative grade point average _____ /4.0 scale

PSAT Verbal _____ in Math _____ SAT Math _____ Reading -Writing _____

ACT Percentiles English _____ Math _____

School Officials Signature _____ Title _____ Date _____ Telephone Number (765) 288-5597

School Address (Street) _____ (City) **DELTA HIGH SCHOOL** (State) _____ (Zip) _____
3400 E SR 28
MUNCIE, IN 47303

APPLICATION CHECKLIST

This application for student aid becomes complete and valid only when you have returned the following material:

- Application (three pages) Current Transcript of Grades

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature / Date
1/15/2019

Return completed application to:

Sandie Smith
4909 N Sollars Dr.
Muncie, In 47304