



## **Richard Newcomb & Janice Schreiber-Newcomb Education Scholarship**

### **Eligibility:**

Widows who are too young to receive Social Security assistance and plan to further their education as a part-time or full-time student at an accredited college, university or technical school. Preference will be given to applicants from the Shawano area.

### **Award Amount:**

\$1,000 non-renewable scholarship award for tuition expenses for full-time students. \$500 non-renewable scholarship award for tuition expenses for part-time students. Recipients are encouraged to apply each year they are eligible.

### **Selection:**

Applications will be reviewed as received by the Shawano Area Community Foundation Scholarship Selection Committee. Scholarship awards will be paid to the recipient's school for their upcoming semester.

### **Payment Procedure:**

Scholarship payments will be released after submission of the following to the Community Foundation for the Fox Valley Region: completed scholarship verification form (located at [www.cffoxvalley.org/scholarships](http://www.cffoxvalley.org/scholarships)) and verification of student status for the upcoming semester (class schedule with credits listed). After approval of submitted documentation, the scholarship check will be paid directly to the school the recipient will be attending. This scholarship cannot be deferred. Most communications between the Community Foundation and the student will be via email. *Please keep us advised of your current email address.*

### **Loss of Eligibility:**

Failure to register as a part-time or full-time student at an accredited college, university or technical school for the upcoming semester.

### **Further Information:**

Applications are available on the Community Foundation for the Fox Valley Region's website at [www.cffoxvalley.org/scholarships](http://www.cffoxvalley.org/scholarships) or contact us at [scholarships@cffoxvalley.org](mailto:scholarships@cffoxvalley.org) or call 920-830-1290.



## Richard Newcomb & Janice Schreiber-Newcomb SCHOLARSHIP APPLICATION

**Amount of Award:** \$1,000 scholarship for full-time student or \$500 scholarship for part-time student

**Who May Apply:** Widows who are too young to receive Social Security assistance and are furthering their education at an accredited college, university, or technical school. Preference will be given to applicants from the Shawano area.

Applications will be reviewed as received. Scholarship awards will be paid to the recipient's school for the upcoming semester. Recipients are encouraged to apply each year they are eligible.

**Name:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Street City State Zip

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Spouse:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

**# of Children:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**High School attended:** \_\_\_\_\_  
Name & City, State Year Graduated

**College you will attend in upcoming semester:** \_\_\_\_\_  
Name & City, State

**Major/Field of Study:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

**Last Term Completed:** Term \_\_\_\_\_ Year \_\_\_\_\_ GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_  
(Please attach previous transcript if applicable)

**Personal Statement:** Prepare a personal statement of your reasons for pursuing a degree in your chosen field, as well as your special professional interests, goals and purposes within that field. Limit your statement to one page.

List paid positions you have held and explain your responsibilities. Begin with your most recent position.

Employer	Position Held	Responsibilities	Dates	Hours per Week

Describe your participation in unpaid internships, volunteer service activities, and other civic, professional or community activities.

Organization	Activity/Service	Dates	Hour per Week

**Prepare a statement of projected tuition expenses.** Include a paragraph concerning any unusual financial obligations or circumstances.

**Signature:** I certify that the information on this application is true and complete to the best of my knowledge.

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Applicant's Signature

Date

**Return application to:**  
Community Foundation for the Fox Valley Region  
P.O. Box 563  
Appleton, WI 54912-0563