Teachers Make a Difference Scholarship Application

Use this checklist to ensure your application is complete. To be complete, your application must contain:					
No incomplete or late applications will be considered. Please type or print clearly.					
Last Name	First		Middle		
	City				
Name of Parents or Guardia	ans				
Address, if different than above email address:					
TelephoneDa	te of Birthemail	address	_ Social Security #		
H.S. Attended		Yr of Graduation	G. P. A		
College/University you will be attending		Have you been acc	cepted?		
City	State	Zip			
Intended Major(s)					
SAT: Composite	Verbal	Math	ACT		
COMPLETEI	APPLICATION M	IUST BE POSTM	ARKED BY April	<u>15, 2024</u>	
Mail to: North Ce		indation, Attention nee, WA 98807-184 09-669-6838		D. Box 1847	

Statement of Financial Need

Father's Employer	
Business Address	Position
Mother's Employer	
Business Address	Position
Ages of siblings	
Name of school you plan to attend	
Estimated College Expense (for one year)	\$
Money Available:	
Personal Savings \$	
Family Help +\$	
Summer Job +\$	
Other Scholarships +\$	
Total Money Available	\$
Estimated Financial Unmet Need (Subtract Total Available from Estimated College Expen	\$
Are there any special financial circumstances that should be	considered? (attach)
Is the applicant now working? \Box Yes \Box No	
If so, where? (Employer)	

I certify that the information contained herein is true, correct and complete and that I fully understand the eligibility requirements and will honor the scholarship requirements. I agree that any scholarship awarded to me now or in the future by the North Central Education Foundation as a result of this will be void if:

- (1) I do not attend the school specified for the academic year awarded, and in any field if so required; or
- (2) I do not attend the specified school on a full time basis (12 quarter hours minimum), unless the scholarship allows otherwise.

I give permission to the North Central Education Foundation to verify and/or confirm any information provided in this application, and I authorize release of that information and grades. Any exceptions to the above must have prior approval by the ESD.

(Date)

(Signature of applicant)

Further note on eligibility/termination of eligibility: The college will advise the North Central Education Foundation if the student becomes ineligible by reason of grades or being placed on disciplinary probation.

Must be postmarked by April 15, 2024

Mail to: North Central Education Foundation, Attention: Eldene Wall P. 0. Box 1847 Wenatchee, WA 98807-1847

Confidential Statement of Recommendation					
To be completed by the Applicant					
Your Name:					
Scholarship you are applying for:					
To be completed by the Reference: (You may use this form or a separate letter)					
Name and occupation:					
How long have you known the applicant?	_ Related?				
In what capacity?					
Please comment on the following:					
Goals in relation to aptitude.					
General cooperation and concern for others.					
Probability of success.					
1 roodomity of success.					
Student/parent financial need, if known.					
Additional information that would qualify this student for a scholarship.					
How do you recommend this applicant for a scholarship?					
∏ Highly	☐ Good degree of confidence				
\prod Fair degree of confidence	\prod With some doubt				
What is your evaluation of the student's scholastic ability?					
# Top 5% # Top 10% # Top 20% # Top 40%	# Top 50% # Bottom 50% # Unknown				
Date	Signature				
<u>Please note:</u> The student is responsible to have a <u>complete</u> applied deadline. Please return your letter of recommendation to the student is directly to the address below to arrive by the <u>deadline of April 15, 20</u>	n time for it to be mailed with the application package, or mail it				
North Central Education Foundation, Attention: Eldene Wall					
P. 0. Box 1847 Wenatchee, WA 98807-1847					

Confidential Statement of Recommendation					
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Your Name:					
Scholarship you are applying for: To be completed by the Reference: (You may use this form or a separate letter)					
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In what capacity?					
Please comment on the following:					
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Student/parent financial need, if known.					
Additional information that would qualify this student for a scholarship.					
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What is your evaluation of the student's scholastic abilit	y?				
# Top 5% # Top 10% # Top 20% # Top 409	% # Top 50% # Bottom 50% # Unknown				
Date	Signature				
deadline. Please return your letter of recommendation to the stud directly to the address below to arrive by the <u>deadline of April 1</u>	plication package to the North Central Education Foundation by the ent in time for it to be mailed with the application package, or mail it <u>5, 2024.</u> Thank you for your encouragement to this student. undation, Attention: Eldene Wall				

P. 0. Box 1847 Wenatchee, WA 98807-1847