

**THIS APPLICATION IS
FOR STUDENTS
PRESENTLY ATTENDING
HIGH SCHOOL ONLY!!**

**IF YOU ARE A COLLEGE
STUDENT, DO NOT FILL OUT
THIS SCHOLARSHIP
APPLICATION -COMPLETE THE
SCHOLARSHIP APPLICATION
SPECIFICALLY FOR COLLEGE
STUDENTS. A COPY MAY BE
OBTAINED FROM OUR WEBSITE
AT:**

www.griffinfamilyfoundation.com

**Thank you,
The Griffin Family Foundation, Inc.**

GRIFFIN FAMILY FOUNDATION, INC. – SCHOLARSHIP APPLICATION
*****FOR HIGH SCHOOL SENIORS ONLY*****

Address: 100 N. Jefferson St., Mexico, Missouri 65265
Dan K. Erdel, Foundation Manager
Telephone: 573-581-5280 / Email: dkerdel@brettanderdel.com

PART I - CONTACT INFORMATION/FAMILY INFORMATION:

Full Name: _____

Last four of social security no.: XXX-XX- (____ __ __ __) City of Birth: _____

Address: _____

Phone Number: _____ Email: _____

Father/Guardian Name (circle one): _____

Father/Guardian (circle one) Phone: _____ Email: _____

Address: _____

Employer: _____ Job Title: _____

Mother/Guardian Name (circle one): _____

Mother/Guardian (circle one) Phone: _____ Email: _____

Address: _____

Employer: _____ Job Title: _____

Names of brothers/sisters (including step-siblings and half-siblings) living at home:

NAME:	AGE:	ATTENDING COLLEGE (Y/N)

PART II - SCHOOL/PERFORMANCE INFORMATION:

School presently attending: _____

School planning to attend in fall: _____

Address of school planning to attend: _____

Planned field of study: _____ Full-time student: (Y/N): _____

Prior recipient of the Griffin Foundation scholarship (Y/N)? _____

Parts A, B and C are to be completed by the your principal or counselor.

A. College entrance examination score (ACT or SAT)

ACT composite score; or _____
 SAT combined score _____

B. Students cumulative high school grade point average (GPA), excluding spring semester senior year. _____

C. Class rank: _____ out of _____ students.

Principal/Counselor signature: _____

(Print: _____)

D. Please list your classes for terms indicated. If class is an honors class, add “(H)” after name of class. If class is acceptable towards college credit, add “(CC)” after name of class:

Junior Year 1 st Sem.	Grade 1 st Sem.	Junior Year 2 nd Sem.	Grade 2 nd Sem.

PART II - SCHOOL/PERFORMANCE INFORMATION (Part D. cont.):

Senior Year First Semester	Grade

PART III - EXTRACURRICULAR ACTIVITIES/SPORTS:

A. Summarize school, church and community activities. List all organizations or clubs to which you belong together with offices held and honors received. (Continued on next page - attach additional sheet if necessary).

NAME OF ACTIVITY:	HONORS/AWARDS RECEIVED:

1. Of the organizations listed above, which two (2) have appealed to you most and why?

i. _____

ii. _____

2. Of the organizations listed above, which, if any, would you like to actively pursue in later years as a leader or a sponsor?

i. _____

ii. _____

PART III - EXTRACURRICULAR ACTIVITIES/SPORTS (Cont.):

3. List summer or other jobs for money you have had, dates held and approximate hours per week you worked.

NAME OF JOB:	HOURS PER WEEK:

4. If you have not had a job for money, but have worked in the family business or helped the family around the home, please specify your duties and approximate hours per week you worked.

NAME OF DUTY:	HOURS PER WEEK:

PART IV - FINANCIAL CONSIDERATIONS:

Total estimated expenses for one (1) year at college: _____

A. List financial resources (Savings/Loans/Scholarships/Grants, etc.) to pay for school. If none, write "None":

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

B. List scholarships/grants and dollar amounts you have applied for/received in the past. If none, write "None":

NAME OF RESOURCE	DOLLAR AMOUNT	APPLIED FOR (Date)	RECEIVED (Date)

PART VI - RELEASE:

By submitting this application, I agree that the Griffin Family Foundation, Inc. may request from, and receive from, any college/university or trade school that I am attending, my school records regarding my school attendance and my school grades and I hereby authorize the Griffin Family Foundation, Inc. to receive such information in the event I am awarded a scholarship by the Griffin Family Foundation, Inc.

APPLICANT

DOCUMENTS TO SUBMIT WITH YOUR APPLICATION:

I. High School Senior:

- i. a transcript from your high school that details your scholastic record, grades attained and class ranking; and,

II. Tax Returns - If you are applying because of financial need, a copy of the first two pages of your parent's tax return must be attached to application. Redact all social security numbers.

Submit your completed application with supporting documents to your high school guidance counselor where you attend high school. Do not send your application directly to the Foundation.

DEADLINE FOR THIS APPLICATION:

THIS APPLICATION MUST BE RECEIVED IN THE OFFICE OF THE GRIFFIN FAMILY FOUNDATION, INC. NO LATER THAN 5:00 P.M. CST, ON MARCH 15th OF THE AWARDING YEAR FOR THE ENTRY TO BE CONSIDERED.

PLEASE DO NOT EMAIL THIS APPLICATION!

*****IF YOU ARE CHOSEN AS A RECIPIENT OF THE GRIFFIN FAMILY FOUNDATION, INC. SCHOLARSHIP*****

The Griffin Board of Directors meet in April to choose scholarship recipients. If you are a scholarship recipient, you will receive two (2) documents by mail by June 1st. These documents will be mailed to the address you provided in Part 1. The first document is a scholarship certificate stating you have been awarded the scholarship and further instructions to follow in order to receive your scholarship; the second document requests information regarding the school you will be attending.

IF YOU DO NOT RECEIVE BOTH FORMS, CONTACT THE FOUNDATION IMMEDIATELY AT 573-581-5280. YOU MUST COMPLETE AND RETURN THE SCHOOL INFORMATION FORM TO:

**The Griffin Family Foundation, Inc.
c/o Dan K. Erdel
100 N. Jefferson St.
Mexico, MO 65265**

ON OR BEFORE JULY 15TH BY 5:00 P.M. CST OF THE YEAR IN WHICH YOU ARE AWARDED THE SCHOLARSHIP. PLEASE DO NOT EMAIL!

Information requested on the school information form includes:

- (1) The name of the school you will be attending;
- (2) The school address where the scholarship check should be mailed;
- (3) Your social security number; and,
- (4) Your signed authorization allowing the Foundation to speak to the school receiving the scholarship monies to obtain information from the school's files regarding your enrollment in the school, the use of the scholarship funds sent to the school by the Foundation and your scholastic record.

****FAILURE TO PROVIDE THIS INFORMATION TO THE FOUNDATION BY JULY 15TH BY 5:00 P.M. CST OF THE AWARDING YEAR MAY RESULT IN SCHOLARSHIP FORFEITURE AT THE DISCRETION OF THE FOUNDATION MANAGER.****

The scholarship award will be paid directly to the college, university, trade or technical school to be applied first toward the recipient's tuition, books and fees for the first semester of the college year. In the event the scholarship award is in excess of the amount required for the recipient's tuition, books and fees for the first semester, the excess amount may be applied towards the recipient's room and board for the first semester. In the event the scholarship award is in excess of the amount required for the recipient's tuition, books, fees, room and board for the first semester, the excess amount may be applied first towards the recipient's tuition, books and fees for the second semester, then towards room and board for the second semester. Any excess left over after the second semester shall be returned to the Foundation.

Questions? Call the Griffin Family Foundation, Inc. at 573-581-5280.

Thank you!

The Griffin Family Foundation, Inc. Board of Directors