



Carroll County Community Foundation

215 W. Sycamore St., Kokomo IN
(800) 964-0508 | www.cfcarroll.org

Scholarship Establishment Criteria Checklist

The Carroll County Community Foundation is home to a variety of scholarships. This list will help you to define your scholarship preferences. Please keep in mind that a scholarship with broad criteria is more likely to be able to be awarded annually. This allows more students to be impacted positively by your scholarship.

SCHOLARSHIP NAME _____

SCHOLARSHIP FUND TYPE

- ☐ Scholarship Fund (recipient selected by the Foundation's Scholarship Committee)
☐ Designated Fund (recipient selected by the high school)

TYPE OF SCHOLARSHIP

- ☐ Traditional (graduating Carroll County high school seniors)
☐ Non-Traditional (returning to college or currently working towards a degree/certification)
☐ Non-Traditional (Carroll County high school graduate)
☐ Non-Traditional (residing in Carroll County)
☐ Both
☐ Other _____

HIGH SCHOOL PREFERENCE

- ☐ All Carroll County Schools
☐ Carroll High School
☐ Delphi Community High School
☐ Rossville High School

FIELD OF STUDY PREFERENCE _____

POST-SECONDARY EDUCATION PREFERENCE

- ☐ College/University
☐ Trade
☐ Vocational

POST-SECONDARY EDUCATIONAL INSTITUTION

- ☐ Within Indiana
☐ Ind. State Institution
☐ Ind Private Institution
☐ Ind. State/Private Institution
☐ Other _____

Specific Educational Institution Name (s) _____

RECIPIENT SCHOLARSHIP CRITERIA (check all that apply)

<input type="checkbox"/> Financial Need	<input type="checkbox"/> Ability to Succeed in Course of Study
<input type="checkbox"/> Good Character	<input type="checkbox"/> Healthy Lifestyle
<input type="checkbox"/> Letter of Recommendation	<input type="checkbox"/> Work Ethic
<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Volunteerism
<input type="checkbox"/> Good Citizenship	Other _____

RENEWABLE SCHOLARSHIP (subject to available funds)

☐ Yes ☐ No Renewal Criteria: _____
☐ Number of Years Renewable _____

ANNUAL SCHOLARSHIP AMOUNT \$ _____

FUND REPRESENTATIVE CONTACT INFORMATION

Name _____

Address _____

Phone number _____ Email _____

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Name _____

Address _____

Phone number _____ Email _____