

# VIRGINIA WINSHIP SCHOLARSHIP

## APPLICATION

Scholarships are administered according to the procedures established by the Winship Foundation under the terms of the Will of the late Virginia Winship.

Graduates of public high schools that are within or contiguous to the City of Battle Creek are eligible. The program is extended to full-time undergraduate college students as well as graduate students. The scholarship is automatically renewed annually, providing all obligations are met.

There are no curriculum or college choice restrictions.

Applicant must be in need of financial assistance and have demonstrated potential to succeed in the college curriculum to be pursued. Considerations are character and citizenship, industry and effort, and ability as indicated by test data and grades received to date in high school and undergraduate college work.

Applications are available through the counseling office of the applicant's high school. Applications must be submitted through the High School Counseling office, even for those students who graduated in a prior year.

The Winship award is not reduced by other scholarship or awards, unless those scholarships or awards exceed the cost of an applicant's tuition, fees, books, supplies and equipment required for courses of instruction.

An applicant, with the help of the counselor, must submit the following for the Winship Memorial Scholarship:

\_\_\_\_\_ Application

\_\_\_\_\_ Financial Information

\_\_\_\_\_ Transcript

\_\_\_\_\_ American College  
Testing (A.C.T.) Scores

**Applications must be completed and presented on one side of the paper only. Please do not submit as a back to back photocopy.**

**All material must be submitted to the high school counseling office by \_\_\_\_\_.**

Comerica Bank, Agent  
Wealth & Institutional Management  
49 W. Michigan Avenue  
Battle Creek, MI 49017  
(269) 966-6340  
or (269) 966-6344

# WINSHIP SCHOLARSHIP APPLICATION

## General and Academic Information

(Please type or print)

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Each application must be accompanied by the student's Transcript of Records and A.C.T. Rating.

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ EMail: \_\_\_\_\_

Name of Father/Stepfather/Guardian: \_\_\_\_\_

Name of Mother/Stepmother/Guardian: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Rank: \_\_\_\_\_ in a class of \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ ACT/SAT Score: \_\_\_\_\_

Have you attended the Calhoun Area Career Center? Yes  No

If yes, dates attended: \_\_\_\_\_ CACC Program: \_\_\_\_\_

Have you attended the Battle Creek Area Math & Science Center? Yes  No

If yes, dated attended: \_\_\_\_\_

College(s) Attended, if any: \_\_\_\_\_ (include college transcript)

College Planning to Attend: \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Profession/Vocation/intended major/Discipline:

Beginning Date: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Please describe any advanced placement, specialized or college level classes that you have taken or will take through time of graduation.

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**WINSHIP FOUNDATION  
SCHOLARSHIP APPLICATION**

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Financial Information  
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Financial information is to be based on the information provided on the current financial aid form, (FAFSA) and/or most recent tax return. Please be sure all information is complete and accurate to ensure the best consideration of applicant. If any information provided is discovered to be fraudulent, it may result in revoking of the awarded scholarship and other related penalties. **Tax forms may be requested for verification.** (Please refer to the website: [www.finaid.org/calculators/finaidestimate.phtml](http://www.finaid.org/calculators/finaidestimate.phtml) for any questions filling out this page.)

Name of person(s) whose financial information is shown on current financial aid form: \_\_\_\_\_

Name of person(s) whose financial information is expected to be shown on next financial aid form: \_\_\_\_\_

Total number of exemptions claimed on current financial aid form: \_\_\_\_\_

Total number of exemptions expected to be claimed on next financial aid form: \_\_\_\_\_

Number of persons in household (include student applicant): \_\_\_\_\_

Information from filed tax form:  Estimated information:

	Parent(s) or Custodian	Student (& spouse)	Total
Adjusted gross income	_____	_____	_____
Federal Tax Paid?	_____	_____	_____
Earned Income(Father/Stepfather)	_____	_____	_____
Earned Income(Mother/Stepmother)	_____	_____	_____
Worksheet A (Untaxed Benefits)	_____	_____	_____
Worksheet B (Tax Deferred/Untaxed Income)	_____	_____	_____
Worksheet C (Student Aid included in AGI)	_____	_____	_____
Liquid Assets (Cash/Savings)	_____	_____	_____
Net Home Equity	_____	_____	_____
Net Worth Business or Farm	_____	_____	_____
Other Investments	_____	_____	_____

**Please provide the "TOTAL ESTIMATED FAMILY CONTRIBUTION" calculation score from FAFSA form if available**

<u>Applicant</u>	<u>Enrolled in</u>	<u>Value of</u>
MET	<input type="checkbox"/>	\$ _____
MESP	<input type="checkbox"/>	\$ _____
Educational IRA	<input type="checkbox"/>	\$ _____
Other Educational Savings Program	<input type="checkbox"/>	\$ _____

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Financial Information

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Please list all dependent children, listing student applicant first: If in school or college, indicate

Name	Age	Name of School or College	Public or Private	Grade Level
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total amount expended for current year for college/private schooling (tuition/room & board) for dependent children. Do not include room and board for students living at home: \_\_\_\_\_

Please describe any unusual financial circumstances in your household:

The undersigned hereby acknowledges that the information provided on this application, including attachments, is true and correct to the best of their knowledge and that the information may be provided and disclosed to the Winship Memorial Scholarship Foundation, to the officers and trustees of the Foundation, and to any other person authorized by the Foundation to review the information. Verification may be obtained from any source. We hereby release from liability any person submitting information to the Foundation for use in the selection of scholarship recipients.

\_\_\_\_\_  
Student Applicant\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\*The student applicant is required to sign this application. The parent(s) must also sign if the student applicant is under 18 years of age and/or was claimed as an exemption.

The undersigned hereby acknowledge that the information provided on this application, including attachments, is true and correct to the best of their knowledge.

\_\_\_\_\_  
Counselor or Principal

\_\_\_\_\_  
Date

