



Caring Community Foundation

2026 Scholarship Application Form

USD 335 Jackson Heights

Due: March 12th to vramage@ccfks.org at Caring Community Foundation

This form is to be used for scholarships offered through the Caring Community Foundation for USD 335 Jackson Heights graduating seniors. Please fill out the form as completely as possible.

Scholarships – Please check all that you are eligible for and wish to be considered for.

Community HealthCare System (CHCS) Healthcare Scholarship - \$1,000 for the pursuit of a healthcare career

Walter Byers Scholarship - \$1,000 for all college programs of study



STUDENT INFORMATION

Name:

Phone Number:

E-Mail Address:

Address (including city, state, and zip code):

ACT (composite) or SAT Verbal/Math:

Name of School:

GPA:

Class Rank:

Number of Students in Class:

Parent/Guardian Name:

Phone Number:

E-Mail Address:

FAMILY INFORMATION

List family members, their relationship to applicant, and ages of minors. Identify any that are also in a post-secondary program.



FINANCIAL NEED

Explain any financial need you may have for post-secondary education.

SCHOOL ACTIVITIES

List the athletic activities, clubs, and organizations you have been involved with over the past 4 years. Please note any offices held and what years. (Kays - 9th, 10th, 11th, secretary in 11th) **You can attach a separate sheet if you need more space.**

**SPECIAL HONORS/AWARDS**

List any awards of special recognitions here. (Received a 1 rating in band senior year.) **You can attach an additional sheet if you need more space.**

COMMUNITY SERVICE

List any community service you have completed outside of school hours.

**OTHER INTERESTS**

List areas of special interest, hobbies, or talents.

WORK EXPERIENCE

List any regular jobs and approximate time of employment. (Worked 15 hrs/week at Smith's Gas Station for 3 summer months of 2017.) Then list general, non-regular jobs and approximate length of work. (e.g. babysitting for neighbors for 2 years)



AFTER GRADUATION PLANS

List the technical school, community college, college, or university you plan to attend. List several if undecided.

INTENDED AREA OF STUDY.

List in order of current preference.

- 1.
- 2.
- 3.
- 4.

RECOMMENDATIONS

Include two letters of recommendation in a sealed envelope with this application or deliver to school counselor. Letters from relatives are not acceptable and not more than one letter should be from a faculty member. **Please name your recommendations and their relationship to you.**

- 1.
- 2.

ESSAY

In 200-300 words, please describe what qualities you possess that would make you the best recipient of this scholarship. **Please type your essay on a separate page and include your name at the top.**

By signing below, I understand that my application and any material submitted will be viewed by the scholarship committee which may include community members.

Student Signature

Date

Parent Signature

Date

School Official Signature

Date

Caring Community Foundation, Inc.