

## **Connie Sue Smith Memorial Scholarship**

**Revised April 2014**

### **Purpose**

The Connie Sue Smith Memorial Trust fund shall provide a scholarship for a qualifying Mercer County District 404 High School graduate who will attend an accredited two or four-year college or university during the fall immediately following graduation.

### **Procedure**

1. A student must be on the Mercer County High School Honor Roll their junior & senior year to apply for this scholarship.
2. The scholarship or scholarships shall be awarded each spring and announced at the awards ceremony.
3. Applicant must have financial need.
4. The family of Connie Sue Smith will approve the scholarship nominee presented to them by the judging committee (the judging committee may be passed by and recommendations may come from the school counselor).
5. Scholarship recipient must attend the Mercer County High School Awards Program.

### **Judging**

The applicants will be scored by a Judging Committee composed of three individuals; (principal, counselor, and one teacher) unless it is the family's wishes to solely use the counselor's recommendations.

#### **Phase One**

1. 40% - Aptitude and Achievement
2. 50% - Financial Need
3. 5% - Extracurricular Activities
4. 5% - Explain in 50 words or less how this money will be of benefit to you.

If a tie exists after considering the above items, the composite ACT score can be used as a tie breaker with the family's approval.

## **Phase Two**

Scholarship nominee(s) are presented to the Connie Sue Smith family for final approval.

## **Payment**

The scholarship shall be payable directly to the student and not the school or any provider of educational services or materials. The money may be used for any educational expenses the student acquires. Proof of college enrollment must be presented to receive the scholarship payment.

### **Money will be paid to the student in one installment.**

Payment will be mailed after:

1. Proof of enrollment listing college class schedule.
2. Receipt of a paid bill.
3. The above information mailed to:

Mercer County School District 404 Business Office

1002 SW 6<sup>th</sup> Street

Aledo, IL 61231

Or fax to 309-582-7428 (include name and current address)

# Connie Sue Smith Memorial Scholarship

**Personal Information:**

Student's Name \_\_\_\_\_

Parent's/Guardian's Names \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

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**Academic Information:**

Check semesters you were on the Honor Roll

	Semester I	Semester II
Freshman Year	_____	_____
Sophomore Year	_____	_____
Junior Year	_____	_____
Senior Year	_____	_____

Grade Point Average \_\_\_\_\_ ACT Composite \_\_\_\_\_ ASSETS Scores \_\_\_\_\_

List classes taken during Senior year  
Semester I

Semester II

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Financial Information**

Family Income \_\_\_\_\_

School you plan to attend \_\_\_\_\_ Estimated cost \_\_\_\_\_

Expected Family Contribution according to FAFSA form \_\_\_\_\_

Attach one of the following:

- Letter from federal government stating Expected Family Contribution based on FAFSA form
- Printed copy of the Estimated Family Contribution report, obtain online at: [www.isac1.org/healthy/finaid.html](http://www.isac1.org/healthy/finaid.html)

Student financial contribution toward college expenses \_\_\_\_\_



**Attach a high school transcript and return application to Mercer County High School Guidance office by first Monday in April of year applying.**