Instructions and Information

2026-2027 high school seniors

Traditional Student Application

for the 2-Year Degree Student

Adams County Community Foundation and the Wells County Foundation / K. Robert Ehrman Scholarship Application

Adams County, Indiana High Schools

(through the) Adams County Community Foundation

This application is for Adams County residents that are Traditional students (graduating high school seniors), OnTrack (out of HS 1-5 years), or Nontraditional students (out of HS 5+ years) applying for scholarships through the Adams County Community Foundation (ACCF) for educational goals to achieve a two-year degree or certification from an accredited institution.

Two-year / certification: This student plans to go to college for two years and then transition directly into the work force using their education and training. If you have questions, please contact the ACCF.

This scholarship opportunity is offered through various scholarships / donors. This one application will allow the applicant to be considered for various awards for students who meet these eligibility requirements through the Adams County Foundation and the Wells County Foundation.

The ACCF Scholarships will be awarded through an application process designed to recognize deserving 2027 college students. Pages must be submitted in this order:

Check-off:		Pages:
☐	Scholarship application (numbered pages 1-2) .. Note: pg. 2, student and parent signatures required	1-2*
☐	Student, Guardian's/Parent's personal employment information (numbered page 3)	3
☐	Additional page(s) as allowed (see application), all additional info may be submitted on one page (if needed, place here)	?
☐	Student's high school transcript- or most recent transcript (this may be one or two pages). This does not have to be official transcripts.	4,5
☐	Student's letter of recommendation (from a non-relative)	5,6

Do:	Complete the application either by typewriter, computer (12 font) or neatly written.
Do:	Note the order in which the pages should be stapled or submitted (see above)
Do:	Attach your picture to the application (pg. 1).
Do/Mailed	(for mailed copies) re: your picture, please have your name on the back of the photo.
Do/Mailed:	(for mailed copies) Staple your applications in the upper left corner.
Do/Mailed:	(for mailed copies) Submit your approximate 6-page application in one envelope with appropriate postage
Do not:	Miss The Deadline!! By 4:00 PM, Wednesday, January 20, 2027 at the Adams County Community Foundation, 102 N. Second Street, Decatur, IN 46733.

6 Copies: The ACCF requires a total of six copies of this application. This may be one original and five copies or six copies (and the student retains the original).



Questions? Comments? The staff at the Adams County Community Foundation (ACCF) welcomes your call:
(260) 724-3939 or email message: accf@AdamsCountyFoundation.org
Hours: M-Th 8-4, & Friday: 8-1, / Please visit the ACCF website: www.AdamsCountyFoundation.org
If you want to drop this off before or after hours, please use the mail slot on the ACCF, Madison Street door.
ACCF, 102 N. 2nd Street, Decatur, IN 46733

(This Instructions and Information page does not need to be included with your six copies to the ACCF)

The Adams County Community Foundation, Inc. / Wells County Foundation, Inc.

Vocational Education / 2-Year Student Application

Program Eligibilities:

1) Must be a graduating senior of an **Adams County, Indiana School**
2) Must have demonstrated an interest in a particular vocational area; and
3) Priority given (but not limited to): a GPA average 2.0 (on 4.0 scale), and
4) Must plan to enter an accredited postsecondary vocational training program this fall.

Include with this application:

1) Student's most recent transcript
2) One letter of recommendation (from non-relative)

Please return this completed three-page application (plus supplemental required materials) to the Adams County Community Foundation (ACCF), 102 N. Second St. Decatur, IN 46733 by 4:00 pm, Wednesday, Jan. 20, 2027. Electronic or faxed copies are not accepted. Post marks on mailed copies (to designate date submitted) will not be accepted. Copies dropped off at the ACCF before or after hours may use the mail-slot on the ACCF, Madison St. door. Applications that do not meet this due date and time will not be considered. Six copies are required. This may be one original plus 5 copies **or** a total of six copies (student retains the original).

Type or print

Last Name	First Name	MI	Home Telephone (circle one: landline / cell)

Permanent Street Address	City, State, Zip	Email

Name(s) of Parent(s) or Legal Guardian(s)	Address (if different from above)

Name of High School	Street Address	City, State ZIP	How long have you live in Adams County?

Do you have experience in this field of study?	If yes, how many weeks / month / years?	GPA (4.0 scale) / using your most recent transcript

List Below Vocational Institutions You Have Applied to:	City, State, ZIP	Accepted?	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

Major/Vocational Pursuit:	
Projected Graduation Date from college (Month/Year):	

School Activities, Awards and Honors: Beginning with the current year, list all activities, awards and/or honors received during the last four years.

If necessary, you may add a page to complete this information.

(1) Community Involvement and (2) Work Experience: Beginning with the current year, list any activities you have participated in during the last four years.

If necessary, you may add a page to complete this information.

In a short paragraph, describe your decision to pursue your degree in this vocational area and your future plans.

If necessary, you may add a page to complete this information.

Is there anything you would like the committee to know about you and / or your family?

If necessary, you may add a page to complete this information.

☐ I certify that the information provided on this application (and all necessary paperwork to the ACCF) is complete, true, and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted and/or repayment of any funding misappropriated to me as a result of later discovered impropriety or illegality.

☐ I agree to account for and return any amount of the special allocation for required books and required equipment remaining at the end of each school year.

☐ By checking this, I understand that I have given the Adams County Community Foundation permission to share my scholarship application with other committees so that I may earn scholarship(s) beyond the Foundation's selection committees and/ or (upon request) members of the donor's family.

The Foundation shall reserve the right to withdraw the scholarship if the recipient should conduct himself/herself in such a manner that would result in and reflect an unfavorable image upon the Adams County Community Foundation and any scholarship associated with the Foundation.

Signature of Student: The signature below affirms that all information provided in this application is true and complete to the best of my knowledge.

Date

Signature of Parent or Guardian: The signature below affirms that all information provided in this application is true and complete to the best of my knowledge.

Date

You may submit this application with necessary materials personally or by mail. It is the responsibility of the student to confirm the application was received by the ACCF within the required due date and time.

Employment Information, Etc.
Adams County Community Foundation
102 N. Second Street
Decatur, Indiana 46733

Please submit this completed form (this page may be neatly hand written) with each copy of the ACCF application.

Applicant's name:_____
Employment: _____ part-time (approx. # of hrs./wk: ___) ☐ full-time
Title:_____ Email address: _____

Mother's/guardian's name:_____ Day Phone:_____
Employment: _____ part-time (approx. # of hrs./wk: ___) ☐ full-time
Title:_____ Email address: _____

Father's/guardian's name: _____ Day Phone:_____
Employment: _____ part-time (approx. # of hrs./wk: ___) ☐ full-time
Title:_____ Email address: _____

Siblings: (living with you and those supported by your household - 50% or more of the time):

Relationship	Name	Age	Year in school	Presently attending college?	
1.) _____	_____	_____	_____	☐ yes	☐ no
2.) _____	_____	_____	_____	☐ yes	☐ no
3.) _____	_____	_____	_____	☐ yes	☐ no
4.) _____	_____	_____	_____	☐ yes	☐ no
5.) _____	_____	_____	_____	☐ yes	☐ no

Family Matters: **Is there anything more you would like to share regarding your family's financial status?**
(i.e. lay-off, illness, parent(s) in college, grandparent/foster child lives with your family, etc.)
If you need additional space, please attach on a separate page.

The following information is necessary as some committees use this information to determine eligibility or selection.
Please check all that apply:

Family / College Information:

☐ I am the first person (to include my siblings and parents) in my family to attend college.

☐ I have older sibling(s) in my family who have college experience.
I have Older siblings who have college experience.
I have Older siblings who have college degree(s)

☐ My parents have college experience:
☐ My father has college experience and/or ☐ My father has a college degree.
☐ My mother has college experience and/or ☐ My mother has a college degree.

Public assistance received during the past 12 months (check all that apply):

☐ Temporary Assistance to Families ☐ Trustee's Assistance ☐ Food Stamps
☐ Supplemental Security Income (SSI) ☐ Free or Reduced Lunch ☐ Other: _____