



**2025**  
**Traditional Student's 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.

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 2025 college students. Pages must be submitted in this order:

<b>Check-off:</b>	<b>Pages:</b>
Computer generate this application. Handwritten applications will not be considered.	
_____ Scholarship application ( <u>numbered</u> pages 1-2) .. Note: pg. 2, student and parent signatures required	1-2*
_____ Student, Guardian's/Parent's personal employment information ( <u>numbered</u> 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 (handwritten applications will not be considered).
- 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, June 4, 2025 at the Adams County Community Foundation, 102 N. Second Street, Decatur, IN 46733.**

**10 Copies:** As potentially several committees / members will review your application, multiple copies are needed. The ACCF requires a total of five copies of this application. This may be one original and four copies or five 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](mailto:accf@AdamsCountyFoundation.org)  
 Hours: M-Th 8-4, & Friday: 8-1, / Please visit the ACCF website: [www.AdamsCountyFoundation.org](http://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. 2<sup>nd</sup> Street, Decatur, IN 46733

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

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

**Vocational Education / 2-Year Student Application**

Please attach your picture here.

**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, June 4, 2025. 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. Five copies are required. This may be one original plus 4 copies or a total of 5 copies (student retains the original).

**Type or print**

<b>Last Name</b>		<b>First Name</b>		<b>MI</b>	<b>Home Telephone (circle one: landline / cell)</b>	
<b>Permanent Street Address</b>		<b>City, State, Zip</b>		<b>Email</b>		
<b>Name(s) of Parent(s) or Legal Guardian(s)</b>				<b>Address (if different from above)</b>		
<b>Name of High School</b>		<b>Street Address</b>	<b>City, State ZIP</b>		<b>How long have you live in Adams County?</b>	
<b>Do you have experience in this field of study?</b>		<b>If yes, how many weeks / month / years?</b>			<b>GPA (4.0 scale) / using your most recent transcript</b>	
<b>List Below Vocational Institutions You Have Applied to:</b>			<b>City, State, ZIP</b>		<b>Accepted?</b>	
					<b>Yes</b>	<b>No</b>
					<b>Yes</b>	<b>No</b>
					<b>Yes</b>	<b>No</b>
<b>Major/Vocational Pursuit:</b>						
<b>Projected Graduation Date from college (Month/Year):</b>						
<b>School Activities, Awards and Honors: Beginning with the current year, list all activities, awards and/or honors received during the last four years.</b>						

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**  
**Personal, Spouse/Adult, and / or Parent**

Please complete this form (hand-written is acceptable) and attach to each copy of the Adams County Community Foundation Non-Traditional (NT) and 'On-Track' (OT) Scholarship applications.

**Applicant's Name:**

Employment: \_\_\_\_\_ Title: \_\_\_\_\_  
 Cell Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_ Full Time \_\_\_ Part – Time (approx.. # of hours / week \_\_\_\_\_ )

**Spouse's / Adult's\* Name:**

(\*If applicant is sharing living expenses with another adult, please include this information here.)

Employment: \_\_\_\_\_ Title: \_\_\_\_\_  
 Cell Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_ Full Time \_\_\_ Part – Time (approx.. # of hours / week \_\_\_\_\_ )

\* If applicant is living with or under his/her parents' insurance plan, please complete. If student is living independently of parents' assistance, please indicate: \*N/A – If Not Applicable

**Parent's / Guardian's Names**

(Mother or Step-Mother): \_\_\_\_\_

Employment: \_\_\_\_\_ Title: \_\_\_\_\_  
 Cell Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

(Father or Step-Father): \_\_\_\_\_

Employment: \_\_\_\_\_ Title: \_\_\_\_\_  
 \_\_\_ Full Time \_\_\_ Part – Time (approx.. # of hours / week \_\_\_\_\_ ) Email: \_\_\_\_\_

**I am a(n):** \_\_\_ NT Student (out of High School 5+ years) \_\_\_ OT Student (Out of High School 1 – 5 years)

When listing household dependents (below), please indicate: 'C' if the listed is your child or 'S' if the listed is your sibling (brother or sister).

Name of children / siblings living at home	C-Child /S-Sibling	Age	Level in School	Presently attending college?
1.) _____	_____	_____	_____	___ Yes ___ No
2.) _____	_____	_____	_____	___ Yes ___ No
3.) _____	_____	_____	_____	___ Yes ___ No
4.) _____	_____	_____	_____	___ Yes ___ No

**Family Information:** Is there anything more you would like to share regarding your family's financial status?  
 (i.e. lay-off, illness, children in college, grandparent/ foster child living with your family, etc.)

Does your place of employment offer tuition reimbursement? \_\_\_ Yes \_\_\_ No  
 If "Yes", do you qualify? \_\_\_ Yes \_\_\_ No

If additional information is given, please use the reverse side of this page for additional space.

There is additional information on the reverse side: \_\_\_ Yes \_\_\_ No

**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 Reduces Lunch \_\_\_ Other: \_\_\_\_\_

Photocopy only this side if you have not used the opposite side for additional information.

(Employment appendix)