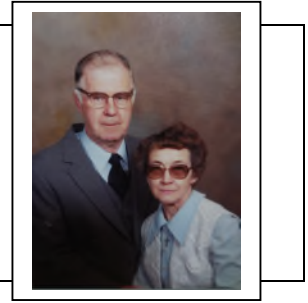




2025
Traditional Student's Application for the
**Alfred and Myrtle Seffernick
Scholarship**

St. John's High School, Delphos, OH
(through the) Adams County Community Foundation



This application is for traditional students (graduating high school seniors) applying for the Alfred and Myrtle Seffernick Scholarship through the Adams County Community Foundation (ACCF).

This scholarship opportunity is in loving memory of Mr. Alfred Seffernick (deceased: 1988) and Mrs. Myrtle Seffernick (deceased: 2014). Married on May 25, 1940, they had ten children: three daughters, seven sons, 24 grandchildren, 34 great-grandchildren and three great-great grandchildren.

The successful scholar(s) will show evidence of their lifestyle as it is compared to Mr. and Mrs. Seffernick: youth who demonstrate the traits of hard-work, perseverance, sense of purpose, integrity and helping others. Priority is given (but not limited to) to the student who intends to attain a 2-year degree and pursue an occupation in a vocational area. This student has earned a minimum 2.0 GPA.

Due date: The Seffernick Scholarship committee offers one due date. In 2025, the due date is: Wednesday, **January 22, 2025** by 4:00pm.

The Adams County Community Foundation Scholarships will be awarded through an application process designed to recognize deserving **May / June 2025** graduates. Pages must be submitted in this order:

Check-off

Pages:

_____ Scholarship application (<u>numbered</u> pages 1-2) .. Note: pg. 2 - student and parent signatures required	1-2*
_____ Guardian's / Parent's personal employment information (<u>numbered</u> page 3)	3
_____ Additional pages as allowed (see application) — if needed, place here	?
_____ Student's high school transcript (this may be one or two pages) — official transcriptions are not required	4,5
_____ Student's two letters of recommendation (from non-relatives) (one letter from a student's high school administrator or teacher and one letter of a student's choice — non-relative)	6,7

- Do:** Computer generate this application. Print one sided. Please call to request an exception to this requirement.
- Do:** Note the order in which the pages should be stapled or submitted (see above)
- Do:** Include your transcripts with this email (mailing) — **official** transcriptions are not required
- Do:** Attach your picture to the application (pg. 1).
- Do/Mailed** (for mailed copies) re: your picture, please write your name on the back of the photo.
- Do/Mailed:** (for mailed copies). Staple your application in the upper left corner.
- Do/Mailed:** (for mailed copies) Submit your approximate 6-page application, printed one sided, in one envelope with appropriate postage
- Do/EMAIL** EMAIL Subject line: **Seffernick Application: Student's name.** Be sure to include application and transcripts.
- Do not:** Miss The Deadline!! **By 4:00 PM, Wednesday, January 22, 2025** at the ACCF, 102 N. Second Street, Decatur, IN 46733.



Questions? Comments? The staff at the Adams County Community Foundation (ACCF) welcomes your call:
(260) 724-3939 or email message: accf@AdamsCountyFoundation.org
Hours: 8-4, M-Th and 8-1, F / 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

Electronic copies are accepted: accf@AdamsCountyFoundation.org
(cover sheet. This does not need to be sent to the ACCF)

**The Adams County Community Foundation, Inc.
Alfred and Myrtle Seffernick Memorial Scholarship Fund
Vocational Education Student Application**

Please attach your picture here.

Program Eligibilities:

- 1) Must be a graduating senior of **St. Johns High School, Delphos, Ohio**
- 2) Must have demonstrated an interest in a particular vocational area; and
- 3) **Priority given (but not limited to):** 2-yr students (4-yr degree also considered), and
- 4) **Priority given (but not limited to):** a GPA average 2.0 (on 4.0 scale), and
- 5) Must plan to enter an accredited postsecondary vocational training program this fall.

The Alfred and Myrtle Seffernick Memorial Vocational Scholarship is a non-renewable scholarship for up to **\$2,000**. Multiple awards will be presented.

Include with this application: - see cover page for detailed instructions

- 1) Student's most recent transcript
- 2) Two letters of recommendation (from non-relatives)

Please return this completed three-page application to the Adams County Community Foundation (ACCF), 102 N. Second St. Decatur, IN 46733 by **4:00 pm, Wed., January 22, 2025**. **Electronic copies will be accepted:** accf@AdamsCountyFoundation.org. It is the responsibility of the student to confirm receipt of this application by the ACCF. Faxed or post marks on mailed copies to designate date 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. *Computer generated applications are strongly encouraged.*

Type or print

Last Name	First Name	MI	Home Telephone + Cell Phone	
Permanent Street Address	City, State, Zip		Email (non-school)	
Name(s) of Parent(s) or Legal Guardian(s)			Address (if different from above)	
Name of High School	Street Address	City, State ZIP	Telephone	
Principal's Name	Guidance Counselor(s) Name(s)		GPA (4.0 scale)	
List Below Any Vocational Programs/Institutions You Have Applied to:	City, State, ZIP		Accepted?	
			Yes	No
			Yes	No
Intended Major / Vocational Pursuit:				
Projected Graduation Date from college (Month/Year):		I plan to attain a _____ degree: (choose one):	2 year	4 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 of information to further list your activities, awards, and honors.

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

If necessary, you may add a page to further list your community involvement or work experience.

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 further list your community involvement or work experience.

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

If necessary, you may add a page to further list your community involvement or work experience.

- 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 Seffernick 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

Computer generated applications are strongly encouraged. You may submit this application with necessary materials electronically to: accf@AdamsCountyFoundation.org.
(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):

<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Year in school</u>	<u>Presently attending college?</u>	
1.) _____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
2.) _____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
3.) _____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
4.) _____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
5.) _____	_____	_____	_____	<input type="checkbox"/> yes	<input type="checkbox"/> 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 mother has college experience and/or
 - My father has a college degree.
 - My mother has a college degree.

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

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Temporary Assistance to Families | <input type="checkbox"/> Trustee's Assistance | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Free or Reduced Lunch | <input type="checkbox"/> Other: |