

An endowed fund in the Adams County Community Foundation (ACCF)

# DANIEL NIBLICK COMMUNITY SERVICE SCHOLARSHIP

## Eligibility requirements

- \* Resident of Adams County
- \* Graduating senior from **North Adams / Belmont** High School (only)
- \* Must provide documented proof of the 100 hours of community service (please attached).

To be considered for this award:  
When is this form due?  
Number / Amount to be awarded:  
Who is the advisory committee?

Submit one copy of these forms separate from your application  
4<sup>th</sup> Wednesday in January  
varies  
**The Niblick Scholarship Committee**

To be eligible for the Niblick Scholarship recognizing Community Service, please complete and submit this form. Please note that you have up to one week following the due date of the ACCF Scholarship Application to turn this form in.

1. Your name (first / last): \_\_\_\_\_ / NA, Belmont senior

3. College you plan to attend: \_\_\_\_\_

4. Planned major: \_\_\_\_\_

5. Organizations with which this student has volunteered:

Organization: \_\_\_\_\_ address: \_\_\_\_\_ supervisor: \_\_\_\_\_ /

Organization: \_\_\_\_\_ address: \_\_\_\_\_ supervisor: \_\_\_\_\_ /

Organization: \_\_\_\_\_ address: \_\_\_\_\_ supervisor: \_\_\_\_\_ /

Organization: \_\_\_\_\_ address: \_\_\_\_\_ supervisor: \_\_\_\_\_ /

### Attach:

Please copy and attach your proof of community service (duties and hours) from each organization listed, If you have different type of 'proof of association', please contact the (ACCF) at 260.724-3939 to see if it meets the ACCF eligibility requirements. Do not contact the organization to ask them to provide proof of association or to verify your eligibility - this is the responsibility of the student.

# AMERICAN LEGION, POST #43 SCHOLARSHIP

## Eligibility requirements

- \* Resident of Adams County
- \* Graduating senior from **Adams Central** or **North Adams** High School (only)
- \* Descendent of a Military Veteran's and/or an American Legion Post #43, Auxiliary, or SAL member

To be considered for this award:	Submit <u>one copy</u> of this form separate from your application
When is this form due?	4 <sup>th</sup> Wednesday in January
Number / Amount to be awarded:	varies
Who is the advisory committee?	<b>The American Legion Post #43 Scholarship Committee</b>

To be eligible for the American Legion, Post #43 Scholarship, please complete and submit this form. Please note that you have up to one week following the due date of the ACCF Scholarship Application to turn this form in. For purposes of this form, please note these abbreviations: AC: Adams Central /NA: North Adams

1. Your name (first / last): \_\_\_\_\_
2. High school (circle one):                      AC      NA
3. College you plan to attend: \_\_\_\_\_
4. Planned major: \_\_\_\_\_
5. Person associated with the American Legion, Post #43 and general address:  
(Example):      John Smith / Monroe, In  
  
\_\_\_\_\_
6. Number of years (& approx. dates) this person has been associated with the American Legion, Post #43:  
(Example):      15 years / 1990-2005  
  
\_\_\_\_\_
7. How you (the student) is associated with this person:  
(Example): John Smith is my uncle (my father's brother)  
  
\_\_\_\_\_

### Attach:

Please copy and attach your proof of this person's involvement with Post #43. Acceptable organizations for association: American Legion (Decatur) Post #43 Association, or Sons of the American Legion (SAL), or American Legion Auxiliary

Examples of acceptable forms of proof of association with **American Legion Post #43:**

- A copy of the person's membership I.D. card, etc.
- A copy of the person's obituary (indicating his/her membership with Post #43)

If you have different type of 'proof of association', please contact the (ACCF) at 260.724-3939 to see if it meets the ACCF eligibility requirements. Do not contact the organization to ask them to provide proof of association or to verify your eligibility - this is the responsibility of the student.

~End~

# AMERICAN LEGION, POST #468 SCHOLARSHIP

## Eligibility requirements

- \* Resident of Adams County
- \* Graduating senior from **South Adams High School** or **Home School** in the South Adams district (only)
- \* Descendent of a Military Veteran and/or an American Legion, Post #468, Auxiliary, or SAL member

To be considered for this award:	Submit <u>one copy</u> of this form separate from your application
When is this form due?	4 <sup>th</sup> Wednesday in January
Number / Amount to be awarded:	varies
Who is the advisory committee?	<b>The American Legion Post #468 Scholarship Committee</b>

To be eligible for the American Legion, Post #468 Scholarship, please complete and submit this form. Please note that you have up to one week following the due date of the ACCF Scholarship Application to turn this form in. For purposes of this form, please note these abbreviations: priority is given but not limited to: SA: South Adams / HS: Home School

1. Your name (first / last): \_\_\_\_\_
2. High school (circle one):                    AC / NA / SA / HS (Homeschool)
3. College you plan to attend: \_\_\_\_\_
4. Planned major: \_\_\_\_\_
5. Person associated with the American Legion, Post #468 and general address:  
 (Example):     John Smith / Monroe, In  
 \_\_\_\_\_
6. Number of years (& approx. dates) this person has been associated with the American Legion, Post #468:  
 (Example):     15 years / 1990-2005  
 \_\_\_\_\_
7. How you (the student) is associated with this person:  
 (Example): John Smith is my uncle (my father's brother)  
 \_\_\_\_\_

**Attach:**

Please copy and attach your proof of this person's involvement with Post #468. Acceptable organizations for association: American Legion (Berne) Post #468 Association, or Sons of the American Legion (SAL), or American Legion Auxiliary

**Examples of acceptable forms of proof of association for American Legion Post #468:**

- A copy of the person's membership I.D. card, etc.
- A copy of the person's obituary (indicating his/her membership with Post #468)

If you have different type of 'proof of association', please contact the (ACCF) at 260.724-3939 to see if it meets the ACCF eligibility requirements. Do not contact the organization to ask them to provide proof of association or to verify your eligibility - this is the responsibility of the student.

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# DIXIE HARVEY-ARVEN MEMORIAL SCHOLARSHIP

Eligibility requirements:

- \* Resident of Adams County
- \* Graduating senior from **Adams Central** or **North Adams** High School (only)
- \* Descendent of a Military Veteran

To be considered for this award:	Submit <u>one copy</u> of this form separate from your application
When is this form due?	4 <sup>th</sup> Wednesday in January
Number / Amount to be awarded:	varies
Who is the advisory committee?	<b>The Dixie Harvey-Arven Scholarship Committee</b>

To be eligible for the Dixie Harvey-Arven Memorial Scholarship, please complete and submit this form. Please note that you have up to one week following the due date of the ACCF Scholarship Application to turn this form in. For purposes of this form, please note these abbreviations: AC: Adams Central /NA: North Adams

1. Your name (first / last): \_\_\_\_\_
2. High school (circle one):                    AC    NA
3. College you plan to attend: \_\_\_\_\_
4. Planned major: \_\_\_\_\_
5. Person associated with the military / branch of service / general area address:  
(Example):        Jane Smith / Marine Corps / Monroe, IN  
\_\_\_\_\_
6. Number of years (and approx dates) this person has been associated with the military:  
(Example):        15 years / 1990-2005  
\_\_\_\_\_
7. How you (the student) is associated with this person:  
(Example): Jane Smith is my aunt (my mother's sister)  
\_\_\_\_\_

Attach:

Please copy and attach proof of this person's involvement with military service. Acceptable Proof of Associations eligible: active duty military – this may be current or past military association

Examples of proof of military involvement, you may use:

- A copy of the person's proof of employment: pay stub (personal info removed), separation papers, I.D. card, military person in photo in uniform, etc.
- A copy of the person's obituary (indicating his/her military involvement, highlighted)

If you have different type of 'proof of association', please contact the (ACCF) at 260.724-3939 to see if it meets the ACCF eligibility requirements. Do not contact this family, the committee, or any place of business to ask them to provide proof of association or to verify your eligibility - this is the responsibility of the student.

~End~

# DECATUR VOLUNTEER FIRE DEPART. SCHOLARSHIP

## ELIGIBILITY REQUIREMENTS

- \* Resident of Adams County / graduating senior from **Adams Central** or **North Adams** High School (only)
- \* Priority is given (but not limited to: a descendent or association with a community service personnel)  
Examples (but not limited to: personnel of Fire Depart., Police Depart., Emergency / EMS Depart.)
- \* Student's class attendance is reviewed
- \* Student's financial status is reviewed
- \* Plans to attend an accredited college this fall

To be considered for this award:	Submit <u>one copy</u> of this form separate from your application
When is this form due?	4 <sup>th</sup> Wednesday in January
Number / Amount to be awarded:	varies
Who is the advisory committee?	<b>The Decatur Vol. Fire Dept. Scholarship Committee</b>

To be eligible for the Decatur Volunteer Fire Depart Scholarship, please complete and submit this form. Please note that you have up to one week following the due date of the ACCF Scholarship Application to turn this form in. For purposes of this form, please note these abbreviations: AC: Adams Central /NA: North Adams

1. Your name (first /last): \_\_\_\_\_
2. High school (circle one):                      AC      NA
3. College you plan to attend: \_\_\_\_\_
4. Planned major: \_\_\_\_\_
5. Person associated with a community service employment and general area address:  
Example: John Smith / Monroe, In  
\_\_\_\_\_
6. Number of years (and approx dates) this person has been associated with this community service job:  
Example: 15 years / 1990-2005  
\_\_\_\_\_
7. How you (the student) is associated with this person:  
Example: John Smith is my uncle (my father's brother)  
\_\_\_\_\_

### Attach:

Please copy and attach your proof of this person's involvement with a community service employment. Community Service jobs eligible: Fire Department, Police Department, EMS or EMT.

Examples of acceptable proof of employment documentation:

- A copy of the person's proof of employment: pay stub (personal info removed), I.D. card or badge, etc.
- A copy of the person's obituary (indicating his/her place of employment) or community service with a local Volunteer Fire Department

If you have different type of 'proof of association', please contact the (ACCF) at 260.724.3939 to see if it meets the ACCF eligibility requirements. Do not contact the family / organization to ask them to provide proof of association or to verify your eligibility - this is the responsibility of the student.

Proof of Association – Farm Bureau

A pass-through fund in the Adams County Community Foundation (ACCF)

# FARM BUREAU SCHOLARSHIP

Eligibility Requirements;

- \* Adams County resident
- \* Graduating senior from an **Adams County High School (A.C. N.A. or S.A.)** or **Home school**
- \* Plans to attend an accredited college this fall
- \* Financial need is reviewed
- \* Have an association with Farm Bureau

To be considered for this award:

When is this form due?

Number / Amount to be awarded:

Who is the advisory committee?

Submit one copy of this form separate from your application

4<sup>th</sup> Wednesday in January

varies

**The ACCF Scholarship Committees**

To be eligible for the Farm Bureau Scholarship, please complete and submit this form. Please note that you have up to one week following the due date of the ACCF Scholarship Application to turn this form in. For purposes of this form, please note these abbreviations:

AC: Adams Central / NA: North Adams / SA: South Adams / HS: Home School

1. Your name (first / last): \_\_\_\_\_

2. High school (circle one):    AC    NA    SA    HS

3. College you plan to attend:

4. Planned major:

5. Person associated with Farm Bureau and address:

Example: John Smith / Monroe, In

\_\_\_\_\_ / \_\_\_\_\_

6. Farm Bureau Membership number: \_\_\_\_\_

7. How you (the student) is associated with this person:

Example: John Smith is my uncle (my father's brother)

\_\_\_\_\_

Attach:

Please copy and attach proof of this person's involvement with Farm Bureau.

If you have different type of 'proof of association', please contact the (ACCF) at 260.724-3939 to see if it meets the ACCF eligibility requirements. Do not contact this place of business to ask them to provide proof of association or to verify your eligibility - this is the responsibility of the student.

~End~

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# MESHBERGER / LICA SCHOLARSHIP

Eligibility Requirements;

- \* Adams County resident
- \* Graduating senior from an **Adams County High School (A.C. N.A. or S.A.)**
- \* Plans to attend an accredited college this fall
- \* Financial need is reviewed
- \* Have an association with a Meshberger / LICA employee

To be considered for this award:	Submit <u>one copy</u> of this form separate from your application
When is this form due?	4 <sup>th</sup> Wednesday in January
Number / Amount to be awarded:	varies
Who is the advisory committee?	<b>The Meshberger/LICA and ACCF Scholarship Committees</b>

To be eligible for the Meshberger / LICA Scholarship, please complete and submit this form. Please note that you have up to one week following the due date of the ACCF Scholarship Application to turn this form in. For purposes of this form, please note these abbreviations:

AC: Adams Central / NA: North Adams / SA: South Adams

1. Your name (first / last): \_\_\_\_\_
2. High school (circle one):    AC    NA    SA
3. College you plan to attend: \_\_\_\_\_
4. Planned major: \_\_\_\_\_
5. Person associated with Meshberger/LICA and general area address:  
Example: John Smith / Monroe, In  
  
\_\_\_\_\_
6. Number of years (and approx dates) this person worked at Meshberger/LICA:  
Example: 15 years / 1990-2005  
  
\_\_\_\_\_
7. How you (the student) is associated with this person:  
Example: John Smith is my uncle (my father's brother)  
  
\_\_\_\_\_

Attach:

Please copy and attach proof of this person's involvement with Meshberger / LICA.

Examples of acceptable forms of proof include:

- A copy of the person's proof of employment: pay stub (personal info removed), I.D. card, etc.
- A copy of the person's obituary (indicating his/her place of employment - highlighted)

If you have different type of 'proof of association', please contact the (ACCF) at 260.724-3939 to see if it meets the ACCF eligibility requirements. Do not contact this place of business to ask them to provide proof of association or to verify your eligibility - this is the responsibility of the student.



# SMITH BROTHERS

of B E R N E

Smith Brothers Furniture of Berne / Nick Taylor Scholarship / proof form

A fund in the Adams County Community Foundation (ACCF)

## SMITH BROTHERS FURNITURE OF BERNE

### Eligibility Requirements;

- \* Graduating senior from an accredited high school (to include: AC, NA, SA, + other HS associated with Smith Brothers)
- \* Plans to attend an accredited college this fall
- \* Financial need is reviewed
- \* Have an association with a Smith Brothers Furniture of Berne employee
- \* Essay requirement – please see page 2 for instructions

To be considered for this award:	Submit <u>one copy</u> of this form separate from your application
When is this form due?	4 <sup>th</sup> Wednesday in January
Number / Amount to be awarded:	varies
Who is the advisory committee?	<b>Pending confirmation of association, final decision by ACCF</b>

To be eligible for the Smith Brothers Furniture of Berne / Nick Taylor Scholarship please complete and submit this form. Please note that you have up to one week following the due date of the ACCF Scholarship Application to turn in this form and your essay. For purposes of this form, please note these abbreviations:

AC: Adams Central / NA: North Adams / SA: South Adams / Other: (please specify)

- Your name (first / last): \_\_\_\_\_
- High school (circle one): AC    NA    SA    Other: \_\_\_\_\_
- College you plan to attend: \_\_\_\_\_
- Planned major: \_\_\_\_\_
- Person associated with Smith Brothers Furniture & general address: (Example: John Smith / Monroe, In)  
\_\_\_\_\_
- Number of years (& approx. dates) this person worked at Smith Brothers: (Example: 15 years /1990-2005)  
\_\_\_\_\_
- How you (the student) is associated with this person: [Example: John Smith is my uncle (my father's brother)]  
\_\_\_\_\_

### Attach:

Please copy and attach proof of this person's involvement with Smith Brothers Furniture.

Examples of acceptable proofs of association (employment):

- A copy of the person's proof of employment: pay stub (personal info removed), i.d. card, etc.
- A copy of the person's obituary (indicating his/her place of employment - highlighted)

### Questions:

If you have different type of 'proof of association', please contact the (ACCF) at 260.724-3939 or email: [accf@AdamsCountyFoundation.org](mailto:accf@AdamsCountyFoundation.org) to see if it meets the ACCF eligibility requirements.. You may email to request the ACCF application and /or this proof of association. Do not contact Smith Brothers Furniture to ask them to provide proof of association or to verify eligibility - this is the responsibility of the student.



# SMITH BROTHERS FURNITURE OF BERNE / NICK TAYLOR SCHOLARSHIP ESSAY REQUIREMENTS

Essay specifications:

- Double spaced
  - Margins: 1"
  - Font: 10 (minimum), 12 (maximum)
  - Student's name, high school, and anticipated college in the upper right corner
  - Essay title (centered on page): Nick Taylor Memorial Scholarship (to include the Smith Brother Application)
  - Max. length: 2 pages
- 

Nick Taylor had many key qualities and values that were admired by those who knew him. These include his:

- 1. Service to Others:** Nick worked hard while serving others. He was selfless and giving. He did not seek undue recognition for his kindness and compassion for others.
- 2. Strong Faith:** Nick had an attitude that shared his commitment to God and devotion to his faith.
- 3. Dedication to Family:** Nick's family was a top priority, and he loved them infinitely. He treasured every minute with them.

**Essay instructions:** Your essay should show how your life resembles Nick's by illustrating how your attitudes and/or life experiences parallel one or two of the endearing values listed above.

Submission of essay:

Applicant must submit 6 copies (total) of the essay to the ACCF along with one copy of the Smith Brothers Furniture of Berne Proof of Association. Please note that the Proof of Association and this essay must be submitted separate from your ACCF application. Please note the due date for the Proof of Association and essay below.

Due date: **4th Wednesday in January** (late essays will not be considered)

Proof of Association – FCC Scholarship

A scholarship fund in the Adams County Community Foundation (ACCF)

# FCC SCHOLARSHIP

Eligibility Requirements:

Special note: This scholarship may be awarded to a Traditional, On-Track, or NonTraditional Student  
Adams County resident from an **Adams County High School (AC, NA, or SA)**  
Plans to attend an accredited college this fall  
Financial need is reviewed

To be considered for this award:	Submit <u>one copy</u> of this form separate from your application
When is this form due?	4 <sup>th</sup> Wednesday in January
Number / Amount to be awarded:	varies
<u>Who selects the scholarship recipient?</u>	<b>FCC Scholarship Committee / ACCF Scholarship Committee</b>

To be eligible for the FCC Scholarship, please submit this form (you have up to one week following the due date and submission of your ACCF Scholarship Application to turn-in this supplemental material). For purposes of this form, please note these abbreviations:

AC: Adams Central / NA: North Adams / SA: South Adams

1. Your name: first /last: \_\_\_\_\_
2. High school (circle one):      AC      NA      SA
3. College you plan to attend: \_\_\_\_\_
4. Planned major: \_\_\_\_\_
5. Person associated with FCC and general area address  
example: John Smith / Monroe, In  
\_\_\_\_\_
6. Number of years (and approx. dates) this person worked at FCC  
example: 15 years / 1990-2005  
\_\_\_\_\_
7. How you (the student) is associated with this person: example: John Smith is my uncle (my father's brother)  
\_\_\_\_\_

Options:

If you have proof of this person's involvement with FCC, please copy and attach this proof.

Examples of proof of employment you may use:

- A copy of the person's proof of employment: pay stub (personal info removed), i.d. card, etc.
- A copy of the person's obituary (indicating his/her place of employment - highlighted)

FYI: Priority is given (but not limited to) association with FCC (Berne) and / or engineering or technology major.

If you have different type of 'proof of association' and would like to ask if it could be used, please call the Adams County Community Foundation (ACCF) at 260.724-3939.

**Do not contact this place of business** to ask them to provide proof of association or to verify your eligibility - this is the responsibility of the student.