VIRGINIA WINSHIP SCHOLARSHIP

APPLICATION

Scholarships are administered according to the procedures established by the Winship Foundation under the terms of the Will of the late Virginia Winship.

Graduates of public high schools that are within or contiguous to the City of Battle Creek are eligible. The program is extended to full-time undergraduate college students as well as graduate students. The scholarship is automatically renewed annually, providing all obligations are met.

There are no curriculum or college choice restrictions.

Applicant must be in need of financial assistance and have demonstrated potential to succeed in the college curriculum to be pursued. Considerations are character and citizenship, industry and effort, and ability as indicated by test data and grades received to date in high school and undergraduate college work.

Applications are available through the counseling office of the applicant's high school. Applications must be submitted through the High School Counseling office, even for those students who graduated in a prior year.

An applicant, with the help of the counselor, must submit the following for the Winship

The Winship award is not reduced by other scholarship or awards, unless those scholarships or awards exceed the cost of an applicant's tuition, fees, books, supplies and equipment required for courses of instruction.

| Memorial Scholarship: | |
|---|---|
| Application | Financial Information |
| Transcript | |
| Letter of Recommendat | M |
| Applications must be completed and probabilities as a back to back photocopy. | resented on one side of the paper only. Please do not |
| All material must be submitted to the h | nigh school counseling office by Wednesday March 16th |

Comerica Bank, Agent Wealth & Institutional Management 49 W. Michigan Avenue Battle Creek, MI 49017 (269) 966-6340 or (269) 966-6344

WINSHIP SCHOLARSHIP APPLICATION

General and Academic Information (Please type or print) Page 1

Each application must be accompanied by the student's Transcript of Records and A.C.T. Rating.

| Full Name: | | | | | |
|--|--|--|--|--|--|
| Street Address: | | | | | |
| State: | _ Zip: | | | | |
| Telephone: | _EMail: | | | | |
| Name of Father/Stepfather/Guardian: | | | | | |
| Name of Mother/Stepmother/Guardian: | | | | | |
| High School: | _ Graduation Date: | | | | |
| Birth Date: | Rank: in a class of | - | | | |
| Cumulative GPA: | ACT/SAT Score: | | | | |
| Have you attended the Calhoun Area Career Center? Yes [] No [] | | | | | |
| If yes, dates attended: | CACC Program: | | | | |
| Have you attended the Battle Creek Area Math & S | cience Center? Yes [] No [] | | | | |
| If yes, dated attended: | | | | | |
| College(s) Attended, if any: | | (include college transcript) | | | |
| College Planning to Attend: | Have you been acc | cepted? | | | |
| Profession/Vocation/intended major/Discipline: | | | | | |
| Beginning Date: | Expected Graduation Date: | | | | |
| | | Manager Committee of the Committee of th | | | |
| Please describe any advanced placement, specialize time of graduation. | zed or college level classes that you ha | ave taken or will take through | | | |
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WINSHIP SCHOLARSHIP APPLICATION

General and Academic Information Page 2

| Please list extracurricular activities, by grade level, in which you have consistently participated while in high school including positions of leadership in school, community, or religious affiliation: (not to exceed 2 pages) |
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| Employment information including name of employer, period and length of employment and position held (list most recent first): |
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WINSHIP FOUNDATION SCHOLARSHIP APPLICATION

CONFIDENTIAL Financial Information Page 3

Financial information is to be based on the information provided on the current financial aid form, (FAFSA) and/or most recent tax return. Please be sure all information is complete and accurate to ensure the best consideration of applicant. If any information provided is discovered to be fraudulent, it may result in revoking of the awarded scholarship and other related penalties. **Tax forms may be requested for verification.** (Please refer to the website: www.finaid.org/calculators/finaidestimate.phtml for any questions filling out this page.)

| Name of person(s) whose financial is | information is | shown on | current financial aid | l form: |
|--------------------------------------|---------------------------|------------------------|-----------------------|---------------------|
| Name of person(s) whose financial i | information is | expected | to be shown on next | financial aid form: |
| Total number of exemptions claimed | d on current fir | nancial ai | d form: | |
| Total number of exemptions expected | ed to be claime | ed on nex | t financial aid form: | |
| Number of persons in household (in | clude student a | applicant) |): | |
| Information from filed tax form: | [] | Estimated information: | | [] |
| | Parent(s) or Custodian | | Student (& spouse) | Total |
| Adjusted gross income | | | | |
| Federal Tax Paid? | | | | |
| Earned Income(Father/Stepfather) | | | | |
| Earned Income(Mother/Stepmother) | | | - | |
| Worksheet A (Untaxed Benefits) | | | | |
| Worksheet B (Tax Deferred/Untaxed | | | | |
| Income) | | | | |
| Worksheet C (Student Aid | | | | |
| included in AGI) | | | | |
| Liquid Assets (Cash/Savings) | | | | |
| Net Home Equity | | | | |
| Net Worth Business or Farm | | | | |
| Other Investments | | | | |
| Please provide the "TOTAL ESTI | | MILY CO | ONTRIBUTION" c | alculation score |
| from FAFSA form if availa Applicant | - | led in | | Value of |
| MET | |] | \$ | varue or |
| MESP | Ì | j | \$ | |
| Educational IRA | Ĩ | j | \$ | |
| Other Educational Savings Program | [|] | \$ | |

WINSHIP SCHOLARSHIP APPLICATION

CONFIDENTIAL Financial Information Page 4

| Name | Age | Name of School or College | Public | Grade |
|---|---|---|--|----------------------|
| | | Thomas of Somoon of Comego | or Private | Level |
| | | | | |
| Total amount expended for c children. Do not include room | urrent year for coln and board for st | lege/private schooling (tuition/room & udents living at home: | board) for depend | ent |
| Please describe any unusua | l financial circums | stances in your household: | | |
| is true and correct to the best Winship Memorial Scholarsh person authorized by the Fou | of their knowledg ip Foundation, to ndation to review | information provided on this application and that the information may be provided of the Foundation of the Foundation. Verification may be committing information to the Foundation | ided and disclosed tion, and to any oth btained from any s | d to the her source. |
| Student Appli | cant* | Dat | te | |
| Parent/Guardi | an | Dat | te | |
| *The student applicant is requise under 18 years of age and/o | | application. The parent(s) must also sig | n if the student ap | plicant |
| The undersigned hereby ackn is true and correct to the best | | nformation provided on this application e. | n, including attach | ments, |
| Counselor or I | Principal | Dat | re | |