



The Richard Beckrow Memorial Scholarship Fund

Scholarship Guidelines

PURPOSE: The Richard Beckrow Memorial Scholarship Fund is a fund of Lory's Place and Caring Circle, formerly Hospice at Home. The purpose of this fund is to assist youth in need with expenses of a post-high school education.

WHO MAY APPLY: High school seniors who will be pursuing a college/post-secondary education, who are in financial need, and who have experienced the death of a parent. Scholarship applicants are identified and the selection process is facilitated by Lory's Place, a Grief Healing and Education Center in St. Joseph, MI.

SCHOLARSHIP AWARDS: Scholarships will be awarded each academic year to one applicant as a high school senior for his/her freshman year of post-secondary education. The amount available for the scholarship is \$1,000.00.

CRITERIA FOR SELECTION:

1. Student has experienced the death of a parent.
2. Student has demonstrated financial need.
3. Student must have a 3.0 minimum GPA.
4. Student must submit completed application, complete with test scores and sealed transcript.
5. Student must enroll full time (12 credit minimum) in an accredited institution of higher learning, within the United States, including vocation or technical school, community college, or 2-year or 4-year college/university.
6. One-page essay written by the student describing his/her dreams and goals for the next academic year and for their future.

HOW TO APPLY: Complete the Scholarship Application Form and return it to Lory's Place by the deadline of the application. Applications which are not complete by the deadline date or are not completed properly including **sealed transcript**, will not be considered. Deliver or mail application and attachments to Lory's Place, 445 Upton Drive, St. Joseph.

APPLICATION DEADLINE FOR POSTMARK IS APRIL 2 OF CURRENT YEAR



THE RICHARD BECKROW MEMORIAL SCHOLARSHIP FUND

(Please Print or Type)

SCHOLARSHIP APPLICATION

STUDENT'S PERSONAL INFORMATION:

Legal name in Full _____
Last Name First Name M.I.

Permanent Address _____
Number Street Apt Number

City State Zip/Postal Code

Telephone-Home _____ Cell _____
Area Code Area Code

E-Mail Address _____ Date of Birth _____
Month Day Year

ACADEMIC INFORMATION:

Name of College/University/Vocational/Technical School you plan to attend:

City _____ State _____

Accepted _____ Enrolled _____

Current Education Level ____ High School Senior

Will you be enrolled in school full time? ____ Yes ____ No

(A minimum of 12 credit hours is considered full time)

Current High School G.P.A. _____ /4.00 (unweighted) G.P.A. (weighted) _____

Anticipated Graduation Date _____

TRANSCRIPT:

Along with this application, incoming freshman must include an official sealed transcript of his/her high school grades and SAT or ACT test scores if taken.

WORK EXPERIENCE:

Work History: List your current job first.

<u>Employer</u>	<u>City, State</u>	<u>Position</u>	<u>Dates</u>	<u>Hours per week</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY INFORMATION:

Fathers Full Name _____ Living ___ Deceased _____
Address _____ City _____ State _____ Zip _____
Mothers Full Name _____ Living ___ Deceased _____
Address _____ City _____ State _____ Zip _____
Other Guardian Name (living in the home)

FINANCIAL NEED:

Please state the amounts for your anticipated school year; (The financial aid office at the school should be able to provide you with the cost of attendance.)

ESTIMATED COSTS PER YEAR:

Cost of Tuition: \$ _____
Books \$ _____
Fees \$ _____
Room & Board \$ _____
Estimated
Miscellaneous \$ _____
Costs
Total \$ _____

SUPPORT FROM OTHER SOURCES:

Scholarships \$ _____
Earnings \$ _____
(Including summer jobs)
Savings \$ _____
Parent
Contribution \$ _____
Other sources
of aid \$ _____
(including student loans)
Total \$ _____

Check here if you have applied for or intend to apply for federal or state student financial aid: _____

Please check the income level that indicates your family's adjusted gross income from last year's federal tax return:

___ Under \$25,000 ___ \$25,000 to \$50,000 ___ \$50,000 to \$75,000 ___ \$75,000 to \$100,000
___ Over \$100,000

Number in household, including parents, guardians and siblings: _____

Number of other immediate family members attending college in upcoming school year: _____

PERSONAL REFERENCES:

Please list two character references, one of a school faculty member, (teacher, counselor, or administrator), and one community person unrelated to you.

School reference	position	daytime telephone (area code + number)
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Community reference	position	daytime telephone (area code + number)
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ESSAY:

On a separate sheet of paper not to exceed one page, please type your response to the following questions, in essay form:

Describe your dreams and goals for the next academic year and for your future. Please feel free to share how the person in your life who died, has impacted your life.

WHO WAS THE PERSON THAT DIED?

Name _____ Age _____ Birth Date _____

Date of death _____

Cause of death _____

S/he was my _____

In submitting this application I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of the information that I have given on this form.

Applicant's Signature _____ Date _____

Please mail this **Application, Essay, Sealed Transcripts, and Test Scores** to:

Lory's Place
Attention: Stephanie Kohler, Director
445 Upton Drive
St. Joseph, MI 49085

APPLICATION DEADLINE FOR POSTMARK IS APRIL 2 OF CURRENT YEAR FOR CURRENT LORY'S PLACE PARTICIPANTS, IN EITHER A SCHOOL GROUP OR AT LORY'S PLACE

APPLICATION DEADLINE FOR POSTMARK IS APRIL 2 OF CURRENT YEAR FOR COMMUNITY APPLICANTS WHO MEET THE SAME ABOVE STATED CRITERIA AND HAVE NOT YET ENGAGED IN THE PROGRAM SERVICES OF LORY'S PLACE OR PAST PARTICIPANTS OF LORY'S PLACE.