

# THE CRAIG AND SUSAN THOMAS FOUNDATION

Inspiration Leadership Opportunity

## Scholarship Program

### Basic Scholarship Criteria:

- High school diploma or
- GED or
- Eligible for school or program for which you are applying
- Wyoming and U.S. Citizen
- NOT receiving Hathaway Scholarship
- Attending a Wyoming school or program

### Preference given to:

- Learners who are at-risk

### *Students:*

One of the purposes of the Craig and Susan Thomas Foundation is to introduce you to some of the GRAND POSSIBILITIES available to you after high school.

We provide opportunities to high school graduates and GED recipients, who DO NOT qualify for Hathaway scholarships, who have struggled in school, who want to further their education after graduation. Apply for this scholarship only if you're ready for some real-world mentoring. We don't just send you a check, we help you succeed.

I strongly believe that everyone deserves a second chance, a 'leg up,' a real shot at his or her future. We can help you with that.

If you have any questions, contact us and we'll be happy to help.

### *Counselors:*

Thank you for making the extra effort to help the students who need it most. Everything you and your graduates need to apply for our scholarship program is available on our website.

I recommend that you read the FAQs on our website and then share a copy of this application with your soon-to-be graduates.

Please note that applications for fall semester scholarships are due by May 1 of the current year. Applications for spring semester scholarships are due November 1 of the current year. If you have any questions, contact us and we'll be happy to help.



Susan R. Thomas

# THE CRAIG AND SUSAN THOMAS FOUNDATION

Inspiration Leadership Opportunity  
Fall 2012 Semester First-Time Scholarship Program Application

Print this form. Applicant must fill out form in black ink in his/her own handwriting. Application postmark deadline is May 1, 2012. Do not staple pages. Mail to 2780 Olive Drive, Cheyenne, WY 82001

Is the school you plan to attend in Wyoming? \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_  
Will you receive a Hathaway Scholarship? \_\_\_\_\_ Are you a Wyoming Resident? \_\_\_\_\_

Complete All Applicable Boxes	GPA	Rank in Class	ACT/Work Keys/Other Score	GED Score	HS Diploma (circle one)	Full Time Student Scholarship Application \$1250.	Part Time Student Scholarship Application \$625.
					Yes No		

Full Name: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Street, Rt., or Box Town State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

Birth date: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Parent or Guardian Information:

Mother or Female Guardian: \_\_\_\_\_  
Name Street, Rt., or P.O. Box Town State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father or Male Guardian: \_\_\_\_\_  
Name Street, Rt., or P.O. Box Town State Zip

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name of Nearest Relative NOT living with you: \_\_\_\_\_

Relationship to You Street, Rt., or P.O. Box Town State Zip  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

School and/or Program Information	High School: _____ Graduation Date _____
	Program (such as Gear-Up or NGYCP): _____
	IEP or other Special Accommodation: _____

Financial Information	Number of family member living at home (include yourself) : _____ Minor children's ages: _____
	Number of family members that will be enrolled at least 1/2 time in college (include yourself): _____
	Number of months you were employed during the past year: _____ List total wages, tips, etc: _____
	Name of employer(s): _____ Job Description: _____
	Father's occupation: _____ Mother's occupation: _____
Parents' adjusted gross income for previous year: _____ <i>(If you are NOT living at home and your parents are NOT providing ANY financial support, you may leave this line blank.)</i>	

Name: \_\_\_\_\_

**College Information**

Name of post-secondary school you plan to attend.  
(If unknown, please list in order of preference the school to which you have applied).  
Use official school names. Do not use abbreviations.

School Name \_\_\_\_\_ City \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_

- 4 yr. College or University       2 yr. Community or Junior College  
 Vocational-Technical School       Other, explain \_\_\_\_\_

Major or course of Study \_\_\_\_\_ Expected Completion Date: Month \_\_\_ Year \_\_\_

Degree sought:  Bachelor     Associate     Certificate     Other \_\_\_\_\_

**Activities, Awards, Extra-Curricular Activities and Leadership**

Activity	No. of Years Participating	Awards	Offices Held

**Goals and Aspirations Paper**

Make a statement or summary of your plans as they relate to your education and career objectives and long-term goals. Please also include why you feel you are the best candidate for this scholarship. Attach your answer using the following criteria: must be handwritten in black ink, filling one page.

**Two Letters of Reference**

- Provide TWO letters of reference. One each from the following:
- Teacher or school official
  - Mentor, employer, church or community leader – NOT a family member

Name: \_\_\_\_\_

**Applicant Appraisal (Required)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. **This section is to be completed by a teacher, counselor or school administrator. If you are not currently in school, this section may be completed by an employer, mentor or community leader – NOT a family member.**

**To the Adult Appraiser:** You have been asked to provide information in support of this applicant. Please give immediate and serious attention to the following statements. Please use black ink and return to the applicant when completed.

- |  |  |   |   |  |
|--|--|---|---|--|
| The applicant's choice of post-secondary educational program is:         | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant's achievements reflect his/her ability:                    | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The quality of the applicant's commitment to school and/or community is: | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant is able to seek, find and use learning resources:          | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant demonstrates curiosity and initiative:                     | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant demonstrates good problem solving skills:                  | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant follows through:   | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant completes tasks:   | <input type="checkbox"/> Extremely appropriate | <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Moderately appropriate | <input type="checkbox"/> Inappropriate |
| The applicant's respect for others:                                      | <input type="checkbox"/> Excellent             | <input type="checkbox"/> Good             | <input type="checkbox"/> Fair                   | <input type="checkbox"/> Poor          |

Comments: \_\_\_\_\_

Appraiser's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Checklist**

**The student is responsible for submitting all materials to the Foundation on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when the Foundation has received ALL of the following materials:**

- |   |  |
|---|--|
| <input type="checkbox"/> Student Application with completed Applicant Appraisal | <input type="checkbox"/> Student Paper   |
| <input type="checkbox"/> Two Letters of Reference                               | <input type="checkbox"/> Complete Transcript including minimum of 1 <sup>st</sup> semester of 12 <sup>th</sup> grade |

**Certification**

The Craig and Susan Thomas Foundation has the sole responsibility for selecting recipients. This application becomes the property of the Foundation.

I acknowledge decisions of the Craig and Susan Thomas Foundation are final. I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of the scholarship.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_