



# IDAHO COMMUNITY FOUNDATION

## Robert C. Weaver Memorial Scholarship

- Applications must be emailed to [Scholarships@idahocf.org](mailto:Scholarships@idahocf.org) *no later than March 15<sup>th</sup> at 11:59pm MST*. Late/Incomplete applications will not be reviewed.
- Applications must be typed, combined into a single PDF document, and signed.

The Robert C. Weaver Memorial Scholarship provides for an annual scholarship in the approximate amount of \$1,000-\$1,500. The scholarship is intended to assist students with educational expenses for vocational, academic, undergraduate, or postgraduate training. Nontraditional students, and Buhl residents and/or graduates may be given preference. Scholarship funds will be disbursed only through the recipient's school of choice and are contingent on verification of enrollment.

1. Name:	
2. Cell Phone:	
3. Personal Email:	
4. Mailing Address:	
5. Parents'/Guardians' Names:	
6. High School:	
7. Graduation Date:	
8. Cumulative GPA:	
9. Date of Birth:	
10. Intended Major or Program:	
11. Career Objective:	
12. Educational Institution:	City/State:
13. Expected date of graduation:	

14. Amount of tuition/fees per semester:
15. Schools attended (provide dates of attendance):
16. Have you been granted other scholarships or financial aid? If yes, provide amounts and details.
17. List any honors, awards, activities, or volunteerism. (State the year and nature of honor or award).
18. List any offices held and/or positions of leadership. (State the name of the organization, position and year).
19. Employment history.

**Statement by Applicant.** It is very difficult for a scholarship selection committee to choose one applicant over another. On a page, please write a one page personal statement. This is a crucial part of your application and provides the committee a better opportunity to get acquainted with you. You may report any unusual personal or family circumstances that have affected your school and community activities, volunteerism, work experience, or achievements in school.

**Letters of recommendation.** Please submit two letters of recommendation. One of these letters should be from a community leader, and one should be from a school official. They should not be written by a relative. Please ask that these letters be limited to one page in length.

By submitting this application (written or electronically) I consent to the gathering, use and releasing of my information by the Idaho Community Foundation as it relates to the funding of the scholarships. I understand the information is needed for the purpose of the scholarship payments and for normal business operations of the agency. This consent is valid for three years from the date signed, unless I revoke this consent, in writing, to the extent of the information already shared. I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Signature of Applicant: \_\_\_\_\_

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