

## **Robert and Ruth Jefferis Memorial Scholarship Fund**

Applications must be postmarked by \_\_November 15\_\_\_\_\_

Eligible applicants must meet the following criteria:

### **Nursing Scholarship**

1. Must have lived in the Chatfield School District for three years.
2. Must have attended Chatfield High School for three years and graduated from Chatfield High School
3. Must be majoring in a Registered Nurse Degree Program (two or four year program)
4. Must be a full time student
5. Must have maintained a 3.0 GPA
6. Scholarship will be given at the beginning of the second year for a two year program or at the beginning of the third year for a four year program.

### **Music Scholarship**

1. Must have lived in the Chatfield School District for three years.
2. Must have attended Chatfield High School for three years and graduated from Chatfield High School
3. Must be majoring in a Musical Education or Performance Degree Program
4. Must be a full time student
5. Must have maintained a 3.0 GPA
6. Scholarship to be given at the beginning of third year (Junior) of college.

### **Aviation Scholarship**

1. Must have lived in the Chatfield School District for three years.
2. Must have attended Chatfield High School for three years and graduated from Chatfield High School
3. Must be enrolled in a two or four year degree program at a University Aviation Association Member institution in an Aviation or Space-related major
4. Must be a full time student
5. Must have maintained a 3.0 GPA
6. Scholarship will be given at the beginning of the second year for a two year program or at the beginning of the third year for a four year program.
7. For students training to become pilots, noncitizens may be required to participate in the Alien Flight Student Program or other TSA programs before flight training is taken.

**The following materials need to accompany this application:**

\_\_\_Proof of enrollment in college/university

\_\_\_Proof of acceptance into one of the above programs

\_\_\_An official transcript from the college/university

**Please print or type:**

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

Local Address \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_

High School Attended \_\_\_\_\_ Graduation Year \_\_\_\_\_

Or Years Residing in Chatfield School District \_\_\_\_\_

**I hereby certify that all information provided on this form is true and accurate to the best of my knowledge. Furthermore, I give permission for member of the Chosen Valley Community Foundation (CVCF) or its Designee to interview any person and obtain all information listed on this form, including access to my files. I understand that receipt of a scholarship is provisional upon my successful completion as indicated in the scholarships listed above. I authorize CVCF members or designee to notify newspapers of my award, and I agree to participate in any appropriate scholarship awards program.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**What type of program are you enrolled in?**

\_\_\_ Nursing 2 yr. program

\_\_\_ Aviation/Space 2 yr. program

\_\_\_ Nursing 4 yr. program

\_\_\_ Aviation/Space 4 yr. program

\_\_\_ Music Education/Performance Program

**Name of college/university**\_\_\_\_\_

**Mailing address of college/university Financial Aid Office**\_\_\_\_\_

**\*\*** Award checks will be made out jointly to the school and the applicant

**Why are you pursuing one of the above programs?**

---

---

---

---

---

---

---

---

---

---

**What personal characteristics and assets do you think you will bring to this field of study?**

---

---

---

---

---

---

---