

BADER FAMILY CHARITABLE TRUST SCHOLARSHIP

SCHOLARSHIP APPLICATION (INITIAL)

About

Purpose of scholarship awards: To partially offset tuition costs (up to \$10,000/year) of students from the Metro Louisville area who are the first generation in his or her family to attend college.

Selection Criteria: Scholarships are based on family educational history, student need, and overall student achievement. Preference may be given to students attending college in Kentucky or Southern Indiana.

Scholarship Amount: The value of individual scholarships (and renewals) varies from year-to-year based on the income available to the trust.

Renewals: Scholarship recipients are eligible to have their scholarship renewed for three successive annual renewal periods. To be eligible for renewal a recipient must;

- A. Be considered a full-time student by the school, and
- B. Maintain a minimum "2.5" grade point average ("GPA") during the first year and a minimum of "2.75" GPA during any successive year. GPAs are based on a scale in which "4.0" is the highest possible grade attainable.

A. Application Filing and Deadlines

1. Your completed application must be postmarked no later than March 15th.
2. Official transcripts must be received by Baird Trust on or before March 31st in order for your application to be considered. Transcripts must be in a sealed envelope from the school you are attending.

Mail to: Bader Family Charitable Trust Scholarship
c/o Baird Trust
PO Box 32760
Louisville, KY 40232-2760

B. Personal Data

Full Name (<i>First Middle Last</i>):	
Telephone Number:	
Email:	
Date of Birth:	
Last four digits of your SSN:	
Permanent Address including ZIP code:	

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C. Family Educational History

	<i>Never attended</i>	<i>Some college</i>	<i>Completed college</i>
Mother			
Step-Parent <i>(if applicable)</i>			
Father			
Step-Parent <i>(if applicable)</i>			
Maternal grandmother			
Maternal grandfather			
Paternal grandmother			
Paternal grandfather			

D. Household Financial Need

Using your Free Application for Federal Student Aid (FAFSA) and the Student Aid Report (SAR) generated once the FAFSA is completed, please provide the following information:

Estimated Family Contribution (EFC)		<i>FAFSA Summary (SAR)</i>
Student's Income Earned from Work		<i>FAFSA line 38</i>
Parents' Adjusted Gross Income		<i>FAFSA line 84</i>
Parent 1 Income Earned from Work		<i>FAFSA line 86</i>
Parent 2 Income Earned from Work		<i>FAFSA line 87</i>
Parents' Total Cash, Savings, and Checking Accounts		<i>FAFSA line 88</i>
Parents' Net Worth of Current Investments		<i>FAFSA line 89</i>
Student's Number of Family Members		<i>FAFSA line 93</i>

Other than yourself, please indicate the number of children living in your home:

younger than 6 _____
 ages 6 - 14 _____
 ages 15-18 _____
 currently attending college _____

E. Academic Status

High School:	
High School Graduation Date:	
Upcoming College Level: (Fr./Soph./Jr./Sr.)	

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F. Other Activities

Employment:

Employer & Job Title	Dates Employed	Average number of hours per week	Any leadership roles

Extracurricular Activities:

Activity	Dates Involved	Average number of hours per week	Any leadership roles

Volunteer Activities:

Activity	Dates Involved	Average number of hours per week	Any leadership roles

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Other Awards or Achievements:

G. College

College/university (Attending or planning to attend)	
Student ID Number (if assigned):	
Academic Field of Study (major):	
(minor, if any):	

H. Authorizing Signatures

To the best of my knowledge and belief, I attest that the information contained in this Scholarship Application is true, correct, and complete. I understand that this application does not commit the trust to award a scholarship or to pay any costs incurred in the submission of the application. Decisions of the Advisory Committee are final.

Applicant Signature

Date

Parent/Legal Guardian Signature

Date

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FOR CURRENT HIGH SCHOOL STUDENTS ONLY: *This section is to be filled out by the High School Guidance Department. Please attach a certified high school transcript to include grades of the first semester of the senior year.*

TO BE COMPLETED BY GUIDANCE COUNSELOR

Applicant Name: _____ Last four-digits of SSN: _____

Note: *(Advisory committee will not see identifying information)*

Scholastic Profile

Name of Counselor: _____

The student ranks _____ in a class of _____ Cumulative GPA: _____/4.0 scale

Does school use a weighted grading system? Yes No Explain: _____

Test Scores *(Please provide either SAT or ACT scores):*

SAT Evidenced-based Reading and Writing _____ Math _____ **or**

ACT English _____ Math _____ Reading _____ Science _____

My signature below signifies that the above information is true and correct.

Guidance Counselor

Date