

CHARLES HUGH PERRIN AND WILMA MARIE PERRIN FOUNDATION SCHOLARSHIP

APPLICATION

HISTORY:

The Charles Hugh Perrin and Wilma Perrin Foundation was established July 4, 1999 on the death of the donor, Wilma M. Perrin. Its purpose is to provide awards for continuing education to qualified persons who are graduates of Crook County High School, and if there are insufficient Crook County High School graduates, then high school graduates in Deschutes and/or Jefferson Counties may be considered.

ELIGIBILITY:

The Foundation will consider applications from students who:

- Display good citizenship
- Show potential for academic achievement
- Have a "C" or better average in high school
- Have an aptitude and interest in business or computer technology
- Have a goal of furthering their education
- Attend an accredited college or university on a full-time basis
- Maintain "good standing" while at college or university

No preference will be given to any particular class of students, and any student's qualifications shall be evaluated against the above criteria. Students will be eligible for education assistance in succeeding years if their academic and citizenship records warrant.

HOW TO APPLY:

Application forms are available between January 1st and March 30th annually from the counseling offices in the eligible high schools, the Prineville Branch of Bank of the Cascades or by written request. Applications must be hand delivered to the Prineville Branch of Bank of the Cascades or mailed and postmarked prior to the deadline date, addressed to the Charles Hugh Perrin and Wilma Marie Perrin Foundation, c/o Bank of the Cascades, 555 NW Third, Prineville, Oregon 97754.

DEADLINE FOR FIRST TIME APPLICATIONS IS APRIL 1ST
DEADLINE FOR RENEWAL APPLICATIONS IS MARCH 1ST

ADDITIONAL INFORMATION

Additional required documents include an **official** academic transcript; a copy of Federal Tax Return or a financial statement of your parents or guardian, a copy of your Student Aid Report (if available), two letters of recommendation from current educators and/or community members (not related) who know you well.

Recommendation letters must be mailed directly to the Charles Hugh Perrin and Wilma Marie Perrin Foundation, 555 NW Third, Prineville, OR 97754 by the referral source and received prior to the application deadline.

CHARLES HUGH PERRIN AND WILMA MARIE PERRIN SCHOLARSHIP APPLICATION

If you wish to apply for the Perrin Scholarship, please complete and **return this form on or before April 1st**. In the event that you are awarded a scholarship, you will be advised of the award amount prior to the beginning of Fall term/semester.

PERSONAL INFORMATION

Name:

Date:

Permanent Address:

Phone:

Email:

Social Security Number:

Date of Birth:

Present Employer (If Applicable):

Parent/Guardian Name:

Parent/Guardian Address:

Parent/Guardian Employer:

Name of Spouse (If Applicable):

Other Children In Your Family:

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

ACADEMIC INFORMATION

High School Attended:

Graduation Date:

Class Standing As Of Beginning Of Next Academic Year: FR SOPH JR SR GRAD

Major or Field of Study:

Current Cumulative GPA:

Other Schools Attended (If Applicable):

Please provide the following required documentation:

- **An official academic transcript**
- **Copy of Federal Tax Return or financial statement of Parents/Guardians**
- **Two Letters of Recommendation from current educators or community members**
- **Copy of Student Aid Report (if available)**

CONDITIONS OF THE PERRIN SCHOLARSHIP REQUIRE RECIPIENTS TO:

Remain enrolled in a full time program at an accredited school; send a copy of their grade report following the end of each term/semester; send an official transcript following the end of each academic year; and maintain

good citizenship and compliance with "Federal and State Law. Failure to uphold these standards may result in the revocation of their Perrin Scholarship.

PLEASE READ AND SIGN THE FOLLOWING CERTIFICATION:

- *I certify that all information I have provided on this form is true and complete to the best of my knowledge and that I will adhere to the conditions of the Perrin Scholarship. If requested, I agree to give proof of the information on this application. I give permission for selection committee to contact college officials for additional financial and/or academic information.*
- *Have you been convicted of a violation of the law (other than minor traffic violations)? If yes, please attach a letter of explanation.*

Signature of Applicant

Date

FINANCIAL INFORMATION

Financial information is required as one of the criteria for the selection process. Complete the following estimated budget for the upcoming school year:

Does Your Family Claim You As A Dependent On Their Tax Return: Yes No

Indicate Annual Income For your Family:

RECEIPTS

EXPENSES

Available Savings

Tuition

Anticipated Income
(Summer Job, etc.)

Estimated Fees
Books

Funding From Parents

Room/Board

Scholarships/Grants

**Sub Total

Loans (Actual)

Travel Expenses

Loans (Proposed)

Misc. (Specify)

Perrin Scholarship Requested

TOTAL

TOTAL

**Sub Total Indicates Expenses Eligible For Award

If employed during the school year, please indicate number of hours worked per week:

Additional information not covered by the proposed budget: [Click here to enter text.](#)

School you plan to attend: (In order of preference)

<u>Name</u>	<u>Applied</u>	<u>Accepted</u>	<u>Perrin Scholarship Amount Requested</u>
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[Click here to enter text.](#)

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- If total awards exceed total cost of education, the Perrin Scholarship may be adjusted.
- Reduction of Perrin Scholarship is possible if student enrolls in a less costly school than originally indicated.

List Academic Honors & Awards Received: [Click here to enter text.](#)

List School Activities and Organizations: [Click here to enter text.](#)

List Community Activities and Services: [Click here to enter text.](#)

A brief statement of your accomplishments to date and future goals. Please limit your comments to 200 words.

[Click here to enter text.](#)

