



## GREATER DELAWARE COUNTY COMMUNITY FOUNDATION SCHOLARSHIP

The Garrett McGee Estate left some funds to be used to help low-income residents of Delaware County, Iowa. These funds will be available only to individuals meeting that criteria.

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

The GDCCF Trustees generally meet monthly and applications will be considered at the meeting following the receipt of the scholarship application.

(If extra room is needed please use the back of this page)

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**1.) Are you or is anyone in your immediate family currently qualified for any of the following:**

- |   |            |           |
|---|------------|-----------|
| <b>a.) Free or Reduced Price Meals at School</b>          | <b>YES</b> | <b>NO</b> |
| <b>b.) Food Stamps or WIC</b>                             | <b>YES</b> | <b>NO</b> |
| <b>c.) LIHEAP (Low Income Heating Assistance Program)</b> | <b>YES</b> | <b>NO</b> |
| <b>d.) Head Start Program</b>                             | <b>YES</b> | <b>NO</b> |
| <b>e.) Title 19 Medical Insurance</b>                     | <b>YES</b> | <b>NO</b> |
| <b>f.) Is this is a single parent household?</b>          | <b>YES</b> | <b>NO</b> |
| <b>g.) Living in Government Subsidized Housing</b>        | <b>YES</b> | <b>NO</b> |
| <b>h.) Provide aid to a dependent child</b>               | <b>YES</b> | <b>NO</b> |
| <b>i.) Receive child support?</b>                         | <b>YES</b> | <b>NO</b> |
| <b>If yes, please provide the amount: \$ _____</b>        |            |           |
| <b>j.) Receive Veteran's Disability?</b>                  | <b>YES</b> | <b>NO</b> |
| <b>If yes, please provide the amount: \$ _____</b>        |            |           |

**2.) The number of people in your household \_\_\_\_\_**

**3.) Are you taken as a dependent on someone's income tax forms? YES NO**  
**If so, who? \_\_\_\_\_**

**4.) Your family's Adjusted Gross Income \$ \_\_\_\_\_**  
(Found on your most recent US Income Tax Return)

**5.) Describe the program to be studied.** (Name of college or program, planned start date, etc.)

**6.) How much money is being requested? \_\_\_\_\_**  
(Please explain how you arrived at this figure.)

**7.) List other grants or scholarships you will be receiving. (That you are currently aware of or are anticipating).**

**8.) I am motivated to take this course of study because:**

**9.) I feel that I can complete the course of study successfully because:**

**10.) Written recommendations are to be attached.** (3 recommendations are suggested and suggested sources are guidance counselors, teachers, employers, ministers, etc.)

Scholarship Grants must be used within one year of the date of the award letter or the award will be considered rejected and the funds will revert to the scholarship pool. Applicants not able to use the funds within one year of awarding are welcome to reapply.

Please be sure each section is completed and submit to:

**GDCCF**

**200 E Main St.,**

**Manchester, IA 52057**

Questions may be directed to [macc@manchesteriowa.org](mailto:macc@manchesteriowa.org) or at 563.927.4141