



# Spirit of Columbia

2010

Columbia Association

## **Spirit of Columbia Scholarship Award**

# Application deadline: March 26, 2010

Dear High School Students,

The Columbia Association instituted a scholarship program to offer up to six \$2,500\* education awards to graduating high school seniors who exhibit exceptional efforts in providing community service in the Columbia area. Students who attend a Howard County public or private school, live in Columbia, and maintain a C average, are eligible to apply for the scholarship award.

The application is not considered without all needed material. Applicant must submit the completed application by March 26, 2010 to:

**Spirit of Columbia Scholarship Award**  
**c/o The Columbia Association**  
**10221 Wincopin Circle, Suite 100**  
**Columbia, MD 21044-3410**

For questions or additional information, call 410-715-3175.

*\* Scholarship figure pending approval of Columbia Council, February 2010.*

### **Eligibility Criteria**

The applicant must:

- Exhibit exceptional efforts in community service to benefit Columbia residents.
- Be a June 2010 graduating senior from an accredited public, private, or parochial high school in Howard County.
- Reside on assessment paying property or have a parent/guardian who works full-time on CA assessed property\*.
- Have a cumulative grade point average of C or better (2.00)
- Submit proof of acceptance to a full-time post secondary school program (college or technical) before receipt of the award.

\* Call 410-715-3175 for a verification form if parent/guardian works, but does not live, on assessed property.  
*(The children of Columbia Board of Directors and Columbia Association senior staff are not eligible for the program.)*

### **Selection Method**

- A selection committee reviews applications and selects the awardees.
- The selection committee may interview applicants. The Columbia Association Board of Directors approves and awards the scholarships.
- Applicants are notified in writing of the Columbia Association Board of Directors' decisions.
- Scholarship winners are honored and awards given at a reception.

### **Additional Information**

- Scholarship may or may not be taxable to the student depending on how the scholarship is used.

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### Applicant Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Village \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

High School Attending \_\_\_\_\_

Graduation Date (mm/yy) \_\_\_\_\_ GPA (at completion of junior year) \_\_\_\_\_

### Parent/Guardian Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

### Academic Information

List colleges and/or trade schools to which you applied.

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List colleges and/or trade schools to which you have been accepted.

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### Office Use

- Applicant lives or parent/guardian lives on CA assessed property
- Proof of acceptance to post-secondary school
- Minimum two written references attached
- Copy of official high school transcript



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Checklist of Enclosures

- ✓ Two written references from supervisors of the service activity. Each supervisor must initial the activities sheet.
- ✓ Copy of official high school transcript.
- ✓ Proof of acceptance to post-secondary school.

If any of the above is not enclosed, please indicate reason and date of anticipated receipt. The application is not considered until all requirements are met.

I certify the information provided herein is correct to the best of my knowledge.

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Signature of Applicant

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Date

**Return application and enclosures to:**

Spirit of Columbia Scholarship Award  
c/o The Columbia Association  
10221 Wincopin Circle, Suite 100  
Columbia, MD 21044-3410

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# Associate Verification Form 2010

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## Spirit of Columbia Scholarship Award

This form is for parents/guardians who do not live on CA assessed property, but who own property or work full-time on CA assessed property.

Student's Name(s) \_\_\_\_\_

In order to be eligible, you must meet one of the following criteria: (please circle)

A) Homeowner of CA Assessed Property Address: \_\_\_\_\_

B) Full time employee who works on CA Assessed Property.

Please have the following two sections completed. Authorization must be completed and signed by an authorized person in the applicant's firm. The applicant may not complete this section. **Applicant must attach a copy of a recent pay stub with the company's name and address listed.** (Income and other personal information may be obliterated). If self-employed, attach a copy of lease.

### Employee Information:

Employee's Name: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Company's Street Address (no PO Boxes): \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Company Authorization (employee requesting verification may not fill out this section):

In my position of \_\_\_\_\_ at \_\_\_\_\_

I am authorized to attest that \_\_\_\_\_ is employed full-time at \_\_\_\_\_, which is located on CA assessed property.

Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_  
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Approved (Columbia Association Representative)

Date

Code