

Application for the
Karen Combs Memorial Scholarship
for Prospective Teachers

1. Name _____
& Address: _____

2. Parents/Guardian _____
& Address: _____

3. GPA after 7 semesters at Hamilton County Senior High School _____

4. ACT composite score _____
or equivalent SAT score _____

5. Attach a resume detailing your employment history, community activities, and school activities.

6. Attach three letters of recommendation from active and/or retired teachers and/or education administrators.

7. Attach a minimum of 1,000 words expressing why you want to be a teacher in Modern Language Association format (or the format currently used in Hamilton County Senior High School).

8. If you are awarded this scholarship, do you agree to provide to the Foundation written proof of your enrollment in an accredited university, college, community college, or similar educational institution as defined in IRC 170(b)(1)(A)(ii) prior to receiving funds?

Yes No

9. If you are awarded this scholarship, do you agree to either: 1) provide the Foundation a certified copy of your teacher certification on or before the end of the 6th anniversary of the award, or 2) return to the Foundation the full amount of the scholarship on or before the 6th anniversary of the award?

Yes No

10. Do you consent to the Foundation releasing your name, address, and the amount of the scholarship award to local media in advertisement of the educational and charitable expenditures of the Foundation?

Yes No

11. Mail a signed hard copy of this page, along with hard copies or Word documents on CD of items 5, 6 and 7 to:

Hamilton County Schools Foundation
P.O. Box 369
McLeansboro, Illinois 62859

Applicant Signature

Parent/Guardian Signature

Date