



JUSTIN CROACH

Memorial Scholarship

For High School Seniors
www.JustinCroach.com

Application Guidelines

Justin Croach (1978-1996)

Justin lived his life believing and trusting in the beauty of the arts. He found peace in music, adventure in trying new things, and happiness in humor and laughter shared with others. We hope, through this memorial scholarship, that Justin's spirit of adventure and his belief in the arts will continue to live on in others, propelling them in their own dreams as they pursue a life surrounded by the arts.

The Justin Croach Memorial Scholarship Fund is created to help seniors, in the Arts, pursue and succeed in making their dreams a reality. This scholarship fund is meant to assist students with financial needs and in some cases financial hardship. The world is a more beautiful place with art and music.

Purpose

To provide tuition assistance to students pursuing a degree in the arts at the college level. For the purpose of this scholarship program, arts will be defined as vocal and instrumental music, music education, performance, music theory, composition, art, art history, arts education, creative writing, drama, theatre, film studies, dance, and photography.

Applicants must be high school seniors residing in Massac County and attending Massac County High School. More than one student per household may be eligible, but separate applications should be completed. Colleges must be accredited educational institutions located in the United States.

Awards

One \$2000 scholarship will be made available to Massac County High School to be awarded to a high school senior pursuing a degree in the arts. The awards are based on artistic promise.

Applications must be mailed to

**Justin Croach Scholarship
C/O Beau Dodson
3954 Mermet Road
Belknap, Illinois 62908**

The Shadow Angel Foundation reserves the right to distribute no funding if there are insufficient applicants or the applicants do not meet standards of acceptability as judged by the appointed review committee/names.

The scholarship funds will be paid directly to the college on behalf of the recipient.

Restrictions

There shall be no restriction on any applicant by reason of race, age, creed, color, sex, sexual orientation, or national origin.

The Shadow Angel Foundation reserves the right to withdraw an award if

- 1) The student does not graduate from high school within 6 months of award
- 2) If they are not accepted by the university stated on the application.
Considerations will be given if for some reason the student needs to switch to a new college or university.
- 3) If the student does not enroll in an art-related degree program within 6 months of the award.
- 4) If any of the application information is determined to be false.

Application Procedure

The application must be fully completed and accompanied by the required statements from the student and letter(s) of support. Applications are available on our website. www.justincroach.com

Submissions must be received on hard copy, not via email or fax. Applications and all supplementary information should be mailed to the 3954 Mermet Road address and must be received no later than May 8th.

Notification

All applicants will receive written notification regarding their application within 30 days.

Supplementary Materials

The following supplementary materials must be received to complete your application. They can be submitted to (the 3954 Mermet Road address) under separate cover, but it is your responsibility to ensure that they are received before the deadline.

Statement from the student outlining career goals and why they have chosen to pursue a degree in the arts (300 to 500 words).

Letter of support from at least 2 to 3 adults who can attest to your potential for success in your chosen field of study. (Guidance counselor, teacher, clergyman, mentor, employer, etc.)

***Maximum of three letters of support.**

Justin Croach Memorial Scholarship for the Arts
For High School Seniors

Application Guidelines

Students full name: _____

Date of birth:

Month Day Year _____

Address _____

City: _____ State/Zip: _____

Email address: _____

Telephone number: _____

Alternative telephone number: _____

Mother and father's name (or guardian(s)): _____

In the fall of 2017, I will be attending college as a (circle one):

Freshman Sophomore Junior Senior

Prospective College: _____

Address of college: _____

GPA: on a 4.0 scale

ACT score: _____

or

SAT Score _____

Please provide a copy of your ACT or SAT score sheet (if you took the test)

Please provide a copy of your high school transcript

Are you currently attending Massac County High School?

Yes: _____ No: _____

Date of graduation from high school:

What specialty/major do you plan to major in as you continue your education?

Do your parents still claim you as a dependent for tax purposes? Yes _____ or

No _____

If you are not claimed by your parents or a guardian, then what is your occupation and annual income?

List other financial assistance you will or hope to receive per semester or quarter

A: Personal

Amount: _____

B. Other Scholarship(s)

Amount: _____

C. Grants

Amount: _____

D: Student Loan(s)

Amount: _____

E: Other Financial Resources

Amount: _____

Comments or other concerning the other financial resources that you will be utilizing for your college expenses:

Please attach, on a separate sheet(s) of paper the following:

List your academic honors, awards, and membership activities while in high school.

List your community service activities, hobbies, outside interests, and extracurricular activities.

Is there any other information that would help us to know you and your current situation? If the space below is not adequate, then you may attach a letter to your application.

Certification: I certify that all information contained in this application is true and accurate to the best of my knowledge.

Signature of scholarship applicant:

Date:

Signature of Guardian: