

Community Foundation of the Quincy Area Scholarship

The Becky Swisher Crowe Memorial Scholarship

This scholarship was established in memory of Becky Swisher Crowe who taught in the Quincy Public Schools from 1970-1979. Becky was killed in an automobile accident on her way to school the morning of March 9, 1979. She taught at both Quincy Junior High School and Quincy Senior High School.

Eligibility Criteria:

- Graduate of Quincy Senior High School
- Students must attend a two-year, four-year, or community college
- Students must intend to pursue a degree in **Education**.
- Students must display **financial need**.
- Students must have a minimum GPA of **3.0**.
- Two letters of recommendation required from adults who know the applicant well.
- Typed essay required. Minimum of 200 words.
- Applicant must be of good character and display good citizenship.
- Please attach unofficial copy of seventh semester transcript, and current class schedule.

Scholarship Amount:
\$1,000*

Deadline:
April 2, 2024

Essay Prompt:

- Please include a typed, 200-word minimum essay on the following:
 - Why you are choosing the field of education
 - Any unique experiences that would support a career in education
 - A statement of future goals
 - Any special qualities you may possess

*Value of scholarship is subject to change

The Becky Swisher Crowe Memorial Scholarship Fund Application

Please type or **print** your answers in black or blue ink.

1.	First Name:	Last Name:
Mailing Address:		
Street: _____		
City: _____ State: _____ ZIP: _____		
Name of Parent(s) or Legal Guardian(s):		
Names & Ages of Siblings:		
Number of Family Members Attending a Post-Secondary Institution in 2024-2025:		

2.	Name & Location of the Post-Secondary Institution You are Attending in the Fall of 2024:
Intended College Major:	
Overall Career Goal:	
Total Approximate Cost of Attendance to chosen Institution for one School Year:	

3.	Grade Point Average (GPA): _____ / 4.0 Scale
Class Rank: _____ / _____	
ACT Score: _____ or SAT Score: _____	

4.	List other financial assistance you will receive for the 2024-2025 school year:	
	A. Grants:	Amount: \$
	B. Scholarships:	Amount: \$
	D. Other Financial Resources:	Amount: \$

Comments:	
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	In lieu of answering items 5-7, you may attach a resume with your application.		
5.	School Activities (Athletics, Clubs, Organizations, etc.):		
	<u>Activity</u>	<u>Years Active</u>	<u>Role/Leadership Positions</u>
6.	Out of School Activities (Church, Scouts, Volunteering, etc.):		
	<u>Activity</u>	<u>Years Active</u>	<u>Role/Leadership Positions</u>
7.	Work Experience:		
	<u>Name of Employer</u>	<u>Dates Employed</u>	<u>Job Duties:</u>
8.	<u>Approximate Family Income</u>		
	_____ Less than \$15,000	_____ \$35,001 - \$45,000	_____ \$65,001 - \$75,000
	_____ \$15,001 - \$25,000	_____ \$45,001-\$55,000	_____ \$75,001 -\$100,000
	_____ \$25,001 – \$35,000	_____ \$55,001- \$65,000	_____ Over \$100,000

Due April 2, 2024, to Mrs. McCleary - QHS Main Office