



## Memorial Scholarship Application Littleton #1650 Scholarship/Charity Fund, Inc.

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### Qualifications

Check to see that you meet the qualifications:

- US citizen on the date the application is signed.  
Resident Alien status does NOT qualify.
- Resident of Littleton, Colorado or a surrounding local area  
without an Elks Lodge.
- High school senior status on application deadline date.

#### Independent Student

We will not accept an applicant as an independent student, unless the student is or has been a ward of the Court. We require a copy of a Court Document or a Notarized letter from an appropriate Court Agency (Social Services) certifying to such status.

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### Instructions

**IMPORTANT:** *Application must be submitted on or before January 16, 2023 to:*

Littleton #1650 Scholarship/Charity Fund, Inc.  
Memorial Scholarship Application, Attn: Scholarship Committee  
5749 South Curtice Street  
Littleton, CO 80120

The official Memorial Scholarship Application must be completed in its entirety with signatures of applicant, parent/guardian/counselor, where designated. Incomplete section will not be considered in the scoring.

After completing this application, make a photocopy for your records. All applications become the property of the Littleton #1650 Scholarship/Charity Fund, Inc. and will not be returned to the applicant. Typewritten applications are preferred; however, neatly printed applications are acceptable. Applications and all supporting documents must be in English.

Please arrange the completed packet for presentation to Elks Scholarship Committee as follows:

1. Please place pages in the order sequence according to the Applicant Checklist.
2. Place all pages in a folder or clipped together. Please make sure the information can easily be read by judges.

The scholarships are awarded based on: **Financial Need, Academics, Leadership, and Community Commitment**

All scholarships are awarded by the Littleton #1650 Scholarship/Charity Fund, Inc., committee conditioned upon the enrollment of the student in an undergraduate four-year degree program in an accredited US American college or university. Upon receipt of the "Verification of Enrollment", a check for the amount of the award will be sent directly to the school establishing a credit in the student's name.

Applicant Checklist, please arrange packet in this order:

- 1. Completed Application (original, typed or neatly printed)
- 2. Counselor Report (in sealed envelope)
- 3. Reference Letter # 1 & # 2
- 4. Thoughts about College Future
- 5. Applicant Essay
- 6. Employment / Community Service
- 7. Extracurricular Activities / Honors/Awards
- 8. Parental Financial Analysis, both pages
- 9. **Items neatly contained in a presentation folder**
- 10. Application submitted by DUE DATE



**Memorial Scholarship Application**  
**Littleton #1650 Scholarship/Charity Fund, Inc.**

Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

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

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

Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City & State or City & Country

Are you an American Citizen by birth?  Yes  No  
If you are a Naturalized American Citizen, give date, place (Office or Court) & Naturalization Number.

Date \_\_\_\_\_ Place \_\_\_\_\_  
Court or Office and City & State

By signing this application, you agree to:  
1. Provide additional information, if requested, that will verify the accuracy of the application content.  
2. Allow use of your name, and any information contained within the application, **except** financial, for advertising, promotional, and publicity purposes without compensation.

Should false or misleading information is identified; the applicant will be disqualified from any scholarship.

Date \_\_\_\_\_ Student signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

For use by Littleton #1650 Scholarship/Charity Fund Committee:

Date Received \_\_\_\_\_  Application received by DUE DATE

- 1. Completed Application (original, typed or neatly printed)
- 2. Counselor Report (in sealed envelope)
- 3. Reference Letter # 1 & # 2
- 4. Thoughts about College Future
- 5. Applicant Essay, attached
- 6. Employment
  - Community Service
- 7. Extracurricular Activities
  - Honors/Awards
- 8. Parental Financial Analysis, both pages
- 9. *Items neatly contained in a presentation folder*



**Memorial Scholarship Application**  
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**Counselor Report**

**Applicant:** Fill in your name and give it to your counselor or appropriate school official to complete.

Student Name \_\_\_\_\_  
Last First Middle Initial

**Counselor:** Please include a copy of your school profile and answer the following questions.

1. This applicant's grade point average (A=4.0) \_\_\_\_\_ is the GPA based on weighted grades?  Yes  No
2. Has this student any of the following:  International Baccalaureate (IB)  Advanced Placement (AP)  
 Concurrent enrollment (college class)  Gifted and Talented (GT)  Honors (H)  Other

If other, please explain?  
\_\_\_\_\_

3. How rigorous are this applicant's academic choices while applying for this scholarship:  
 Below Average  Average  Above Average  Rigorous  Most Rigorous

4. Is there a community service requirement to graduate?  Yes  No If yes, how many hours? \_\_\_\_\_

**I recommend this applicant for the Littleton #1650 Memorial Scholarship:**  Yes  No

Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What additional information would you like to share for the committee to consider that makes this student extra ordinary?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please secure the following items in a sealed envelope with your signature across the flap of the envelope and return it to the student to include in their application packet:**

- Completed Counselor Report (this form)  Official Transcript

Length of time acquainted with applicant \_\_\_\_\_ School email \_\_\_\_\_

Print Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ School Phone \_\_\_\_\_



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**Reference Letter # 1**

**Applicant:** Fill in your name and give it to someone whom you would like as a reference. A reference may be any of the following: clergy, neighbor, community service supervisor, employment supervisor, a member of the Elks Lodge (in good standing), coach, teacher, and/or school administrator.

Student Name \_\_\_\_\_  
Last First Middle Initial

**Note:** Please do not include information that may be private or confidential in nature that should not be shared.

Please answer the following questions.

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity are you acquainted with the applicant? \_\_\_\_\_

3. Please give details of the applicant's strengths and attributes of character? \_\_\_\_\_

4. What additional information would you like to share for the committee to consider that makes this student extra ordinary? \_\_\_\_\_

Please continue on the back of page, as needed.

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Memorial Scholarship Application**  
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**Reference Letter # 2**

**Applicant:** Fill in your name and give it to someone whom you would like as a reference. A reference may be any of the following: clergy, neighbor, community service supervisor, employment supervisor, a member of the Elks Lodge (in good standing), coach, teacher, and/or school administrator.

Student Name \_\_\_\_\_  
Last First Middle Initial

**Note:** Please do not include information that may be private or confidential in nature that should not be shared.

Please answer the following questions.

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity are you acquainted with the applicant? \_\_\_\_\_  
\_\_\_\_\_
3. Please give details of the applicant's strengths and attributes of character? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What additional information would you like to share for the committee to consider that makes this student extra ordinary?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please continue on the back of page, as needed.

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Thoughts About College Future**

What is your vision for your education? What influenced you to choose this path?

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**Applicant Essay**

On a separate attachment, please write a detailed essay of 750 words describing your character. Are you a good or bad person? Please explain why and give examples that support your view.

**The essay must be signed and dated.**



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**Employment**

List jobs you have held over **the past three years** for which you were paid, starting with the most recent first. Please include baby-sitting or work in a family business, even if not paid. Please list approximate total hours worked.

<b>Total Hours</b>	<b>Average hours per Week</b>	<b>Dates of Employment</b>	<b>Type of Work</b>	<b>Name of Employer / City, State</b>

**Community Service**

List volunteer work or community service you performed without pay over the past three years, with the most recent first.

<b>Total Hours</b>	<b>Dates of Participation</b>	<b>Type of Service</b>	<b>Name of Agency or Organization / City, State</b>

\_\_\_\_\_ **Total Hours of Service**







# Memorial Scholarship Application

## Littleton #1650 Scholarship/Charity Fund, Inc.

### Parental Financial Analysis

(If tax return has not filed yet, please include an estimate income for upcoming year.)

Parent/Guardian \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Custodial Parent's marital status as of today (choose one):

Mother: Married  Single  Widowed  Divorced   
Father: Married  Single  Widowed  Divorced

#### INCOME:

A. Parent/Guardian last year annual gross income (earned from work) \$ \_\_\_\_\_  
B. Parent/Guardian last year annual gross income (earned from work) \$ \_\_\_\_\_  
Total income \$ \_\_\_\_\_

C. All other income not included above\*\*\*  
(including pensions, IRA/Keogh, 401(k), Social Security/disability benefits, child support, rent-free housing, etc.) \$ \_\_\_\_\_

\*\*\*For Social Security, only report benefits for parent(s) and other siblings. Do not include benefits received by the applicant.

**Income Source**, if not from an employer:

#### Farm or Business

D. Year business was started \_\_\_\_\_% of ownership \_\_\_\_\_  
E. Market value of farm or business, if sold today \$ \_\_\_\_\_  
F. Parent/guardian liability responsibility amount? \$ \_\_\_\_\_  
G. Farm or business equity \$ \_\_\_\_\_  
H. Parent/Guardian last year annual gross income (earned from this business) \$ \_\_\_\_\_

#### Rental Property

I. Year rental business was started \_\_\_\_\_% of ownership \_\_\_\_\_  
J. Market value of rental property, if sold today \$ \_\_\_\_\_  
K. Parent/guardian liability responsibility amount? \$ \_\_\_\_\_  
L. Rental property equity \$ \_\_\_\_\_  
M. Parent/Guardian last year annual gross income (earned from this business) \$ \_\_\_\_\_  
TOTAL GROSS INCOME \$ \_\_\_\_\_

#### ASSETS:

N. Market value of home if parents were to sell it today \$ \_\_\_\_\_  
Year home was purchased \_\_\_\_\_  
Amount of unpaid mortgage \$ \_\_\_\_\_  
Amount of Home Equity \$ \_\_\_\_\_  
O. Value of bank accounts \$ \_\_\_\_\_  
P. Value of other investments (CDs, stocks, bonds, college savings plan, etc.) \$ \_\_\_\_\_  
TOTAL VALUE OF NET ASSETS \$ \_\_\_\_\_

Q. Amount student has (personal assets from work gifts/trusts, friends, relatives, etc.) \$ \_\_\_\_\_

\_\_\_\_\_



**Memorial Scholarship Application**  
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**Parental Financial Analysis** continued

**HOUSEHOLD EXPENSES:**

R. Medical and Dental Expenses not paid by insurance expected in upcoming year \$ \_\_\_\_\_  
(If over \$5,000, explain circumstances in parental statement.)

S. What is the household monthly rent or mortgage payment? \$ \_\_\_\_\_

T. Number of minors in the family who receive the majority of their support from these parents/guardians.

Name	Age	In college Y/N	College attending

U. Please list any additional support provided by these parents/guardians:

Name	Age	Extenuating circumstances:

V. Please explain any unforeseen circumstances that may have occurred recently that impact the household finances not represented above?

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