



2015-16 GOULD-FOOTHILL SCHOLARSHIP APPLICATION

Gould-Foothill Scholarships are one year, \$1,500 per year scholarships awarded to Boulder High School graduating seniors (one boy and one girl each year) to aid each recipient in pursuing the education necessary to become an elementary school teacher. Each recipient shall be a graduate of Boulder High School and must have attended Foothill Elementary School for at least four years. Recipients can be registered as either full-time or part-time as evidenced by class registration. Applicants must have demonstrated financial need.

Name: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____ E-Mail: _____

Birth date: _____ Place of Birth: _____

On separate type-written pages (no more than 2), please provide the following information:

Brief paragraphs explaining:

1. Your education and career goals.
2. A description of the college you are planning to attend and why.
3. What is motivating you to pursue additional education and training after high school?
4. Your community involvement and/or work experience. Include any extracurricular activities (club, athletics, offices held) and any awards received.

Include with this application:

1. An official high school transcript.
2. Three letters of recommendation from high school teachers/school administrators and employer, if applicable.

Send application and required items, postmarked no later than May 1, 2015 to:

**Impact on Education
721 Front Street, Suite A
Louisville, CO 80027**

I hereby certify that the information provided in this application is complete and correct to the best of my knowledge. I also understand that this application becomes the property of Impact on Education.

If I am selected to be a recipient of a Gould-Foothill, I hereby permit Impact on Education to use my name, likeness, and application in print and other media in perpetuity. I also agree to 1) Maintain a GPA of 2.5 while receiving scholarship support; 2) Provide a transcript from my school verifying my enrollment and grades, and 3) Meet with Impact on Education representatives once per year, if requested, during the course of my scholarship funding.

Applicant's Name (print)

Applicant's Signature

Date