



JUDITH K. BOBE SCHOLARSHIP

The JUDITH K. BOBE Scholarship is named in honor of our Community Action Program's Head Start Director who worked within the program over 40 years. Up to two (2) \$500 scholarships will be awarded annually to assist students in continuing their education beyond high school. This is a one-time cash award for individual winners going to College, beginning in the fall of the same year.

Deadline: All applications must be RECEIVED by Friday March 29, 2019.

Eligibility for Scholarships: The applicant must have been enrolled in the Head Start Program in the Indiana Counties of Daviess, Greene, Knox, or Sullivan.

Applications will be accepted from graduating high school seniors. The individual must be accepted into an accredited college or university, community college or recognized technical or trade school at the time the award is issued. Graduate students are not eligible. **Applicants should have a minimum accumulated 2.5 GPA on a 4.0 scale at the end of the fall semester of the senior year.**

Evaluation criteria: Applications will be reviewed and winners selected by a Scholarship Committee appointed by the president of the Pace Community Action Agency Board.

Application Requirements:

The following materials are required:

1. The application is to be completed by the student, parents/guardians, and school officials. Applications should be typed or printed in black ink.
2. A paragraph (typed single-spaced) describing the effect the Head Start Program had on your education.
3. A double-spaced typed essay, no longer than two pages must be submitted. The essay may be written on any of the following topics:
 - Describe a childhood event that you feel has shaped you and explain why.
 - How has your community influenced your development?
 - Why do you want to further your education?

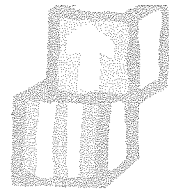
The completed application and required materials must be submitted to Pace Community Action, Inc. at 525 N. 4th St., Vincennes, IN 47591. **All materials must be received – NOT postmarked – by PACE no later than March 29, 2019.** Applications received after the deadline date will not be considered.

Scholarship Winners: The names of the scholarship winners will be posted on the PACE website at www.pacecaa.org by the end of May. Scholarship recipients will be notified by phone, mail, or e-mail and recognized through various media. The names and photographs of Scholarship Winners may be used by PACE for public relations purposes.

Be sure to have someone to proofread prior to submission!



JUDITH K. BOBE SCHOLARSHIP APPLICATION



SECTION I. Completed by the student

Head Start attendance date(s)	
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(Months or years acceptable - will be verified)

Head Start Teacher(s)	(not required)
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Full Name:	
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First

Middle

Last

School Presently Attending:	
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Home Phone:		Other Phone:	
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Street Address:	
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City:		State:		Zip:	
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Date of Birth:		Social Security Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
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College or vocational school you plan to attend this fall:	
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Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Intended course of study (if known):	
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Career goals:	
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Additional information in support of your application (optional):	
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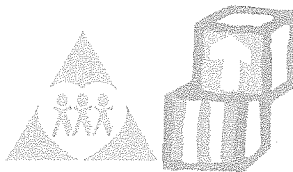
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I, _____, agree to the releasing of high school transcripts and requested information to Pace Community Action Agency Scholarship Committee. Furthermore, my name and photograph may be used by PACE for public relations purposes.

Student signature

Date



SECTION II. Completed by the parents/guardians

Parents' Names	
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Street Address:	
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City:		State:		Zip:	
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Phone:		Email address:	
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Number of people in household:	
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Number of household members in college (<i>at least half-time</i>) for the coming school year:	
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I, _____, parent/guardian of _____, agree to the releasing of my child's high school transcripts and requested information to Pace Community Action Agency Scholarship Committee. Furthermore, my child's name and photograph may be used by PACE for public relations purposes.

Parent's/Guardian's signature

Date

SECTION III. FOR SCHOOL USE ONLY

PLEASE INCLUDE THE STUDENT'S HIGH SCHOOL TRANSCRIPT WITH APPLICATION.

Cumulative GPA:		On a scale of _____	First Semester Senior Year
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SAT Total**:		ACT Total**:	
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(**not required)

Number of absences (<i>if known</i>) total:	
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High School Phone Number ()		Email address of School Official	
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Signature & Title of school official verifying GPA and scores

Date

