**Chloe C. Fruth Memorial Scholarship Program**

Applications for the Chloe C. Fruth Memorial Scholarship Program are open to any graduating senior from Jordan High School, Maple Lake High School and one at-large scholarship for a student from any school district in the United States who plans to continue their post-secondary education in a field of their choice at any accredited college, university, or vocational school.

A maximum of three scholarships in the amount of $1,000 per scholarship will be awarded during each of the scholarship awards ceremonies and will be paid to the post-secondary institution where the recipient is enroll.

The following criteria will be used as minimum eligibility requirements and for judging the applicants in the Chloe C. Fruth Memorial Scholarship program.

1. The student must be at least 15 years of age and not older than 20. He/she must be a graduating senior who will receive a diploma and have the intent to enroll in an accredited college, university or technical school.
2. Each eligible senior must submit a fully completed Chloe C. Fruth Memorial Scholarship application.
3. Students must submit proof of completion of high school via an official transcript. If transcripts cannot be provided, alternative means will be accepted on an individual basis.
4. If a student choses to not attend post-secondary education immediately following graduation from High School, their scholarship will be held in their name for two (2) years of graduation from high school. If the student chooses to serve in the military immediately following high school, they may utilize the scholarship until their 24th birthday.

**Chloe C. Fruth Memorial Scholarship Program**

**Scholarship Application**

Please **TYPE** all contact information and the essay below in the space provided (or attach a separate document) and return this form to your school counselor. This individual will forward your completed Scholarship Essay Form to Chloe’s Courage Fund where members of their Board will select a single scholarship recipient from your school district.

Please include any letters of recommendation when submitting your application.

Student Name:

Birthdate/Age:

School Name:

Home Address:

Home Phone Number:

Email Address:

Current GPA:

Name of College you plan to attend:

Address of College you plan to attend:

Degree/Certificate you plan to pursue:

**Please tell us how CANCER has affected your life and future goals.** Feel free to use as much space as you feel necessary in order to fully express yourself.

*Thank you for your application. We wish you the greatest success in your future*.