

DR. JAMES P. SPINK MEMORIAL SCHOLARSHIP

About Dr. Spink

Dr. James Spink was born in Ethan, South Dakota in 1933. He was educated at St. Thomas Seminary in Kenmore, Washington and ordained a Roman Catholic Priest in 1959. In 1966 he began doctoral studies at the University of Notre Dame. In 1970 he founded the Northeastern Community Mental Health Center which serves DeKalb, LaGrange, Noble and Steuben Counties. In 1979 he established a private practice at the Family Counseling Center with offices in Angola and Auburn. Dr. Spink used his unique talents to help thousands of people throughout his life, whether or not they could pay him. His giving spirit lives on through the scholarship fund created in his memory. Because he recognized a clear link between nutrition and one's overall well-being, his fund will award a scholarship to a student with an interest in nutrition.

Eligibility Criteria

This scholarship is a one-time award of \$1,000 to a graduating senior from an Indiana public, private or home school in

- DeKalb
- LaGrange
- Noble or
- Steuben County

Although this is a non-renewable award, past recipients of this award may re-apply each year.

A student will qualify for the award when he or she:

- Studies nutrition in conjunction with his/her college coursework.
- Enrolls full-time in an accredited nonprofit post-secondary educational institution.

Required Forms (Complete and SAVE the forms, following the instructions listed below)

- Scholarship Cover Page
- Completed Application
- Essay

Deadline to Apply

Submit all documents as email attachments to scholarships@dekalbfoundation.org by **March 5, 2012**.

Application Instructions

- **UPDATE YOUR ADOBE READER SOFTWARE** to prevent software problems. This free download is available at www.adobe.com.
- **COMPLETE YOUR APPLICATION FILE ON A COMPUTER.** Handwritten applications are not accepted. If you have questions regarding the completion process, please contact your school's guidance office or Rosie Shinkel at the DeKalb County Community Foundation at (260) 925-0311 or RShinkel@DeKalbFoundation.org.
- **SAVE** your application file in the following format **LastName.FirstName.pdf** (Example: Miller.John.pdf)

Submit your application file

- E-mail your application file as an **attachment** to scholarships@dekalbfoundation.org. On the subject line, use the following format: **Scholarship Application for LastName, FirstName**. (Example: Scholarship Application for Miller, John).
- You will receive a confirmation e-mail. Important Note: It is your responsibility to monitor the email address provided on your application for correspondence with the community foundation. If you do not have an e-mail address, communication will be directed to your high school guidance counselor.
- **GRADE TRANSCRIPT.** The DeKalb County Community Foundation will request a copy of your grade transcript from your high school guidance office once your application file has been received.

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COVER PAGE

Last Name: _____ First Name: _____ Middle: _____

Release of Records/Disclosure Agreement

I, _____, parent/guardian of the above applicant, give permission for the _____ High School guidance office to release a grade transcript to the DeKalb County _____ Community Foundation.

Applicant information is kept confidential to protect your privacy.

Scholarship Eligibility Policy

In order to assure the public that DeKalb County Community Foundation maintains impartiality when awarding educational scholarships, the following individuals and their relatives* are not considered eligible for scholarships provided by the foundation:

- Foundation Directors, Officers, and Employees
- Foundation Scholarship Committee members

For a Director, Officer, Employee or Scholarship Committee member, this restriction applies for the year scholarships are awarded and for two years after he/she is no longer connected with the foundation in a volunteer or paid position.

*Relatives are defined as follows: Spouse, lineal descendents (children, grandchildren, great grandchildren whether by whole or half blood, step-children, step-grandchildren, step-great grandchildren) and their spouses, brothers and sisters (whether by whole or half blood) and their spouses, as well as ancestors. Other relatives (i.e. nephew, niece, etc.) are eligible to receive scholarships provided by the foundation. Approved by the DeKalb County Community Foundation Board of Directors May 19, 2005.

I understand the Scholarship Eligibility Policy and am eligible to receive a scholarship awarded by DeKalb County Community Foundation.

I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship granted.

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APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle: _____
Permanent Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Date of Birth: _____
E-mail Address: _____ (mm/dd/yyyy)
High School: _____ Graduation Year _____
DeKalb County, Indiana Resident: _____ United States Citizen: _____ Gender: _____

FAMILY INFORMATION

Name of father, stepfather or guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____ Employer: _____
Name of mother, stepmother or guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____ Employer: _____
Check if applicable: Father deceased Mother deceased Parents divorced
Ages of other children in your family: _____ # of family members in college: _____

COLLEGE INFORMATION

Year in college (upcoming academic year): _____
College or University attending: _____
City and State of School: _____ Full-time Part-time
If part-time, # of credit hrs per sem.
Major field of study: _____

CAREER GOALS

Write a brief statement describing your career goals in the space below

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Last Name:

First Name:

| SCHOOL ACTIVITIES | | |
|---|---------------------------------|----------------------------------|
| List your extracurricular activities in the order of importance to you. | | |
| Activity | Grade Participated (9,10,11,12) | Role or Leadership Position Held |
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| AWARDS AND HONORS | | |
|--|-------|-------------------------|
| List any awards and honors you have received during high school. | | |
| Award or Honor Received | Grade | Criteria Award Based On |
| | | |
| | | |
| | | |
| | | |

| COMMUNITY SERVICE | | | |
|---|-------|-------------------------|---------------------------|
| These volunteer services must have taken place outside of school hours. | | | |
| Organization | Grade | Description of Services | Hours (Total or per week) |
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| EMPLOYMENT AND INTERNSHIPS | | | |
|--|--------------|------------------------------|---------------------------|
| List your work and/or intern experience beginning with the most recent position. | | | |
| Organization | Type of Work | Dates Employed or Internship | Hours (Total or per week) |
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ESSAY

Name: _____

Note: This essay is to be completed on this page using a computer and the space provided below. The margins, type size and font are preset by the scholarship provider and are NOT to be changed.

How will you use the study of nutrition to help meet your career goals?
