Shawn M. Barnes Memorial Scholarship

Deadline: February 18th, 2026 at 3:00 p.m.

Criteria:

- Must be a graduating Madison Consolidated High School Senior.
- Must be a member of the Madison Cubs Baseball Team for three of the four high school years.
- Grade Point Average of 2.5 and above on a 4.0 scale.
- Demonstrates a good example of sportsmanship and citizenship.
- The scholarship's purpose is to help further the recipient's education at a college, junior college, university, trade school or vocational school.

Must complete all required paperwork and a short essay. Please see application document for more information.

Amount: $300.00

Submit Application: MCHS Student Services

Community Foundation of Switzerland County, Inc.
303 FERRY STREET, P.O. BOX 46
VEVAY, IN 47043
Phone: 812/427-9160
info@cfsci.org

Shawn M. Barnes Memorial Scholarship Application

If you meet each of the following criteria, you may apply for the Shawn M. Barnes Memorial Scholarship.

CRITERIA:

- Must be a graduating Madison Consolidated High School Senior.
- Must be a member of the Madison Cubs Baseball Team for three of the four high school years.
- Grade Point Average of 2.5 and above on a 4.0 scale.
- Demonstrates a good example of sportsmanship and citizenship.
- The scholarship's purpose is to help further the recipient's education at a college, junior college, university, trade school or vocational school.

Use the following checklist to be sure you have included all the information necessary to be considered for the scholarship.

Please place in this order with one staple in upper left hand corner. Please don't put the application in a folder or include any extra information. Applications must be typed.

__ Attach a Cover Sheet with your name and the name of the scholarship for which you are applying.

__ Complete the General Information page

__ Attach the Required Essay page

__ *(Optional)* Attach the Unusual Circumstances page

__Request a transcript from your school guidance counselor
The transcript requested from your counselor must include fall semester grades.

__Applicant and Parents, be sure to read and sign Certification on the Request for Transcript page

__ Make sure that your name is included on every page that you submit

__After completing the application, make a copy for your records

__ **Turn completed application in to your high school guidance counselor by February 18, 2026.**
Late applications will not be accepted.

The Community Foundation of Switzerland County Inc. operates and administers this scholarship without discrimination.

COVER SHEET

Please attach a cover sheet with your name and the name of the scholarship for which you are applying. Must be typed.

GENERAL INFORMATION

Using a separate sheet of paper, please provide us with the following information, **numbering your answers to coordinate with the question numbers below**. Must be typed.

1. Full Name- first name, middle initial, & last name
2. Permanent Home Address- street address, city, state, & zip code
3. Telephone Number
4. E-mail Address
5. Date of Birth
6. College/University/Vocational School/Technical School you plan on attending and City & State in which it is located- if there is more than one choice, list your first preference first, etc.
7. Your intended college major & what degree you are pursuing

REQUIRED ESSAY

Write an essay, minimum 100 words, on the following:

Your love for the game of baseball.

Note: This essay is a very important part of the selection process. Essay must be typed.

UNUSUAL CIRCUMSTANCES

(Optional) You may write up to one double-spaced page explaining any unusual circumstances you believe that the committee should take into consideration when reviewing your application. Must be typed.

Do not include this page

REQUEST FOR TRANSCRIPT

TO BE FILLED OUT BY APPLICANT'S GUIDANCE DEPARTMENT

Please provide to this student a copy of their secondary transcript WHICH MUST INCLUDE FALL SEMESTER PERFORMANCE and this form.

This information is to be included with applicant's completed application for a scholarship from the Community Foundation of Switzerland County, Inc.

Student's Name _____

Last First MI

ALTHOUGH INCLUDED ON THE TRANSCRIPT, PLEASE PROVIDE THE FOLLOWING INFORMATION

1. Academic Performance

   Rank in class _____ GPA _____

   SAT: Critical Reading _____ Math _____ Writing _____

   ACT: _____

   Program which student followed during high school:

   Core 40 [ ] Academic Honors [ ] Other [ ]

   Honors Classes Taken: [ ] Yes [ ] No

2. Is applicant receiving other substantial aid to your knowledge? _____
   If so, please describe:

CERTIFICATION

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. If asked by any authorized official of the Community Foundation of Switzerland County, I (we) agree to provide documentation for information given on this form. I (we) authorize Madison Consolidated High School to release the transcript for the above student for use only on the determination of this scholarship.

Applicant _____ Date _____

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature_____ Date _____

All parties involved in this application must sign this certification in order to have the application considered.

APPLICATIONS <u>MUST BE RECEIVED</u> BY YOUR GUIDANCE COUNSELOR ON OR BEFORE FEBRUARY 18, 2026.