

1825 Beacon Street, Fort Wayne, Indiana 46805-4750

[www.crossroad-fwch.org](http://www.crossroad-fwch.org)

260.484.2337 or 888.814.4521 fax

260.484.4153 or 800.976.2306



# CROSSROAD

## EDUCATION SCHOLARSHIP REQUEST

Crossroad staff, Board of Directors, and other concerned individuals are committed to your long-term success. We hope that you benefited from your experience at Crossroad and that you continue to develop your strengths and talents for a happy and successful future.

**This application is required to access Crossroad financial assistance for educational programming.** Please write/type neatly and complete the entire application.

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone : \_\_\_\_\_

Crossroad Admission Date: \_\_\_\_\_ Actual/Anticipated Discharge Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

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Crossroad Therapist or Case Manager: \_\_\_\_\_

Education: Diploma \_\_\_\_\_ GED \_\_\_\_\_ Date Completed: \_\_\_\_\_

Employment: Currently employed \_\_\_ Previously employed \_\_\_ Unemployed \_\_\_

List employment experience with current or most recent employment first.

Job: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason left: \_\_\_\_\_

Job: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason left: \_\_\_\_\_

Job: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason left: \_\_\_\_\_

## For the Initial Scholarship Request:

1. Please provide an explanation of your current situation and needs. Include a written narrative about what has occurred in your life since you left Crossroad. Include both historical and current information. Specifically address personal and/or family information that might impact your success in school.

Take the time to write something about who you are as a person, how you have grown as a person, and what you are doing currently to help yourself to grow and develop into the person you dream of being.

A return to school takes drive and discipline. Identify the individuals in your life that you count on to provide you with the emotional support you will need when you don't feel like going to class or don't feel like completing some assignment. Spend the time to evaluate what you really want in life and work hard to identify your strengths and your weaknesses so you can anticipate where there might be stumbling blocks and what you can do to address them. Please share some of this information with us.

2. Please include historical and current employment information. We encourage students to work at least part-time and many work full time. Our experience is that juggling work, school, and/or family can be overwhelming but these students tend to be some of our most successful. Developing time management skills is an essential part of adulthood. If you have not been employed, please explain the reasons, and provide other information that demonstrates drive, discipline, and follow through.
3. Include your long-term plans and a detailed budget with your income and expenses.
  - Funding for educational requests may include tuition, books, uniforms, transportation, and other education-related expenses. Funding is not available for living expenses.
  - Identify costs by semester or by credit hour. Include the number of classes or credit hours you plan to take in the semester for which you are requesting assistance. Identify the certification, license, or degree you hope to receive and specify the courses to be taken and projected date of completion.
  - Include a copy of your diploma/GED.
4. Please identify all grants, scholarships, loans, and other financial aid assistance that you have applied for and/or received. We encourage application for financial aid. It is important to us, and to the donors providing funding, that we teach financial responsibility and that we budget donor dollars to assure that assistance is available to as many former residents as possible. With this in mind, we want you to understand that as you progress in your educational program, we will gladly consider additional grant requests but would anticipate that our financial involvement will decrease gradually in an attempt to help you learn long term financial planning and self-sufficiency.

5. Please provide 2 written references—not just names. Take the time to contact your references and request that they provide a reference for you. References may include therapist(s), group leader(s), employer(s), or anyone else that knows you well. References should address your strengths, challenges, and level of motivation. Attach reference letters to this application.

- Current residents must have your Therapist's recommendation as one of the two references.
- Former residents must have a recommendation from someone at Crossroad who knew or still knows them. We can assist you with this requirement if you have lost contact with Crossroad staff. At least one reference must be someone who has knowledge of your current functioning, preferably an employer or teacher rather than family or friend. This reference should address your strengths, challenges, and level of motivation.

We care about you and we want you to be successful. The more information you provide, the quicker we can process your request. Keep in mind, we have limited funding and many requests. We approve funding for those individuals who demonstrate the ambition and drive to succeed. We generally encourage at least part-time employment and require application for federal and state financial aid. This helps us to leverage dollars so we have more dollars for more students.

For a **SCHOLARSHIP RENEWAL**: Please submit your grades or some other evidence of your performance since your last request in addition to charges for the next semester.

Return this application and supplemental materials to  
Kyle Zanker, Chief Development Officer  
Crossroad Child & Family Services  
1825 Beacon St, Fort Wayne, IN 46805  
[kzanker@crossroad-fwch.org](mailto:kzanker@crossroad-fwch.org)  
260.484.4153 x2090