

## Scholarship Application (High School) PARTNER COLORADO FOUNDATION

**NOTE:** Prior to beginning this application, please ensure you are a qualified recipient.

(If you are already in college, please use the College Application.) Only U.S. citizens, between the ages of 17 (HS Senior) and 40, residing principally in the State of Colorado are eligible. Only completed applications will be considered: if you are unable to provide the documents requested (or equivalents), please do not send in the application. Applications deemed incomplete or late will not be reviewed or otherwise acknowledged. Scholarships are awarded directly to the winning applicant's school of choice after acceptance has been confirmed.

**DUE DATE: Postmarked by April 30, 2026–NO EXCEPTIONS**

### INSTRUCTIONS:

A complete application will contain the following documents:

- I. Completed, Signed Application (Parts A-G and Release Authorization)
- II. Student Aid Index (SAI - see Item 1)
- III. School Transcript and Form SC-2 (see Item 2)
- IV. Recommendation Letter(s) Form SC-3 (see Item 3)
- V. Personal Essay (see Item 4)

**Item 1—Attach your official SAI.** » Your SAI is calculated using information that you provide on the Free Application for Federal Student Aid (FAFSA®) form.

You will see an official SAI within your FAFSA Submission Summary (after your FAFSA form is processed)

Your Student Aid Index (SAI) is a formula-based index number ranging from –1500 to 999999. Where your SAI falls within the SAI range helps your school determine how much financial support you may need.

A negative SAI indicates you have a higher financial need.

**NOTE:** Scholarship grants are weighted towards those with financial need. If the applicant feels the government's SAI is inaccurate, please provide additional information you consider relevant to your financial situation.

**Item 2—School Transcript** » An unofficial printout will suffice. If the grading scale is non-traditional, please include explanatory information. If extenuating circumstances preclude including any of this information, please state why.

**Item 3—Recommendation Letter(s)** » At least one, but no more than two, non-family members should forward Form SC-3 to the address below (may also be included with application). Recommendations may be written directly onto the Form SC-3 or as a separate letter. Ideally, one should be from a teacher or individual familiar with academic performance.

**Item 4—Essay** » Please attach a personal essay that answers the following questions: Does any attribute, quality, or skill distinguish you from everyone else? How did you develop this attribute? What was the most difficult time in your life, and why? How did your perspective on life change as a result of the difficulty? Please limit the essay to two pages, double spaced.

All completed applications will be evaluated and scored by the Grant Committee in May. All applicants will be notified generally by the second week in June.

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Partner Colorado Foundation was established in 2005 by the Board of Directors of Partner Colorado Credit Union for the purpose of supporting the education and well-being of our communities through raising and granting scholarships and community grants.



**PARTNER COLORADO**  
FOUNDATION

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*Please print clearly or type all information into form. Deliver to Partner Colorado Foundation.*

PART A » APPLICANT INFORMATION									
APPLICANT'S NAME (FIRST, LAST, MIDDLE INITIAL)						EMAIL ADDRESS (FOR NOTIFICATION PURPOSES)			
PERSONAL DATA						US CITIZEN      YES      NO			
PERMANENT ADDRESS IN FULL—APT., ST. NO. OR R. ROUTE						BIRTHDATE/AGE			
TOWN/CITY			STATE		ZIP		CELL PHONE		
PRESENT MAILING ADDRESS (IF DIFFERENT FROM ABOVE)						SSN (Last 4 digits only)			
TOWN/CITY			STATE		ZIP		HOME PHONE		
FATHER'S FULL NAME						LIVING?      YES      NO			
OCCUPATION				EMPLOYER					
MOTHER'S FULL NAME						LIVING?      YES      NO			
OCCUPATION				EMPLOYER					
IF SUPPORTED BY GUARDIAN, GUARDIAN'S NAME						OCCUPATION			
ADDRESS OF PARENT OR GUARDIAN							ZIP		
PART B » SCHOOL DATA		LIST ALL PRESENT AND PREVIOUS SCHOOLS YOU HAVE ATTENDED					DATES ATTENDED		
HIGH SCHOOL	NAME			COUNSELOR'S NAME			FROM		
	ADDRESS			PHONE			TO		
	CITY			STATE		ZIP		YEAR GRADUATED	
OTHER SCHOOL/ PROGRAM	NAME			COUNSELOR'S NAME			FROM		
	ADDRESS			PHONE			TO		
	CITY			STATE		ZIP		YEAR GRADUATED	
PART C » FIELD OF STUDY									
NAME OF FIRST CHOICE COLLEGE/UNIVERSITY/PROGRAM									
FULL ADDRESS OF COLLEGE/UNIVERSITY						CITY		STATE	ZIP
HAVE YOU BEEN ACCEPTED FOR ADMISSION?      YES      NO				STARTING TERM		YEAR		STILL APPLYING	
STATUS WITH COLLEGE/UNIVERSITY IF PRESENTLY ATTENDING:      FRESHMAN      SOPHOMORE      JUNIOR      SENIOR									
IN WHAT COURSE DO YOU PLAN TO MAJOR AT COLLEGE?						DO YOU PLAN TO GO TO GRADUATE SCHOOL?      YES      NO			
WHAT PROFESSION OR VOCATION DO YOU PLAN TO FOLLOW AFTER COLLEGE?									

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### PART D » OTHER PROGRAMS CONSIDERED

If you are not yet accepted to the program of your first choice (listed above), please indicate what other programs/schools you are considering.

**NOTE:** Details for Items E and F may be included on a separate resume.  
If so, just include total hours or number of years in the spaces below.

### PART E » EXTRACURRICULAR ACTIVITIES

We believe activities round out a person's life, serve as avenues of creativity and as a means to give back to community. Please let us know your passions, involvements and accomplishments in this area, as well as leadership positions, awards, honors, extensive time commitments, etc. The following will serve as a guide for you, but is not meant to be inclusive. Indicate length of time involved and any specific positions held (i.e., band member—4 years, section leader—2 years, conductor—senior year).

ACTIVITIES	# YEARS	ACTIVITIES	# YEARS
Most Clubs		Peer Counselor/Tutor	
Choir/Orchestra/Jr. Symphony		Newspaper/Yearbook	
Band (Marching or Performance)		Junior Achievement/DECA	
Plays/Musicals Cheerleading/Spirit		Debate/Forensics	
Boy/Girl Scouts		Student Congress/Student Government	
DAR Good Citizen		Science Olympiad/Quiz Bowl	
Church/Synagogue Youth Groups		Mock Trial/Youth in Government	
LEADERSHIP	# YEARS	LEADERSHIP	# YEARS
Offices (Other than President)		All State Recognition	
Band Section Leader		Drum Major/Concert Master/Mistress	
Team Captain		Eagle Scout	
Student Council or Class President		School Paper/Yearbook Editor	
District/Regional Recognition (Individual)		Head of Community Activity	
Editor of a section of the school paper/yearbook		Lead Role in Play/Musical	
FFA or 4-H State 1st place		Student Director/Stage Mgr.	
#1 Rating in Solo or Small Ensemble		State Music Competition	

### VOLUNTEER/COMMUNITY/CHARITABLE ACTIVITIES

Volunteer activities (either ongoing, one-time or short-term events) should be grouped together—i.e., car wash, blood drive, etc. Please list any volunteer activity and the number of hours spent on each.

ACTIVITIES AND DATES	# HOURS	ACTIVITIES AND DATES	# HOURS



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### PART F » WORK EXPERIENCE

Please indicate your work experience. Include positions held, hours worked (i.e., 20 hrs. during school year, full-time summer, etc., supervisory positions held, self-employment, etc.). Feel free to add an additional sheet as necessary.

#### SUMMER EMPLOYMENT

Please list all summer employment in the spaces provided and the estimated number of hours worked in the position. 12 week periods for high school seniors (240+ hours) and 16 week periods for college students (360+ hours).

PLACES AND DATES	ESTIMATED HOURS WORKED

#### ACADEMIC YEAR EMPLOYMENT

PLACES AND DATES	ESTIMATED HOURS WORKED

#### NON-TRADITIONAL EMPLOYMENT OVER LAST 4 YEARS (PLEASE GIVE DATES)

Includes family limitations (i.e., caring for dependent children/relatives, physical limitations, duties on farm, non-paid responsibilities).


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### PART G » OTHER AID

Please list all other scholarship or financial aid programs to which you have applied.

**HAVE YOU APPLIED/BEEN SELECTED AS A POTENTIAL RECIPIENT FOR A SCHOLARSHIP SUCH AS DANIELS, GATES MILLENNIUM OR SIMILAR?**      **YES**      **NO**

Please initial the bottom of each page.

All materials must be sent via email to:

PCFAdmin@PartnerColoradoCU.org

OR delivered in a large envelope to:

Partner Colorado Foundation c/o Scholarship Grant Selection Committee  
6221 Sheridan Boulevard Arvada, CO 80003

### APPLICANT'S SIGNATURE

"I certify with my signature below that, to the best of my knowledge, the information provided in this application is true and correct. I understand that the scholarship for which I am applying, if awarded, will be paid directly to the institution to defer the cost of my education."

Applicant's Signature

Date

### RELEASE AUTHORIZATION

In the event you are selected as a scholarship recipient, your signature below authorizes the use of your name for purposes of press releases and other documents.

I hereby give **Partner Colorado Foundation** the absolute and irrevocable right and permission to release my name to media /social media solely for the purpose of announcing scholarship winners.

Initials

In addition, I authorize the use of my picture and short biographical information for inclusion in a brochure to be used as a celebratory, informational document. I understand the information used will come from the application submitted and that I may not have the opportunity to review or edit such information before publication of the brochure.

Initial

I hereby release and discharge **Partner Colorado Foundation** from any and all claims or demands arising out of or in connection with the use of photographs and personal information, as described above, including any or all claims for libel.

Applicant's Signature

Guardian Signature (for minor applicants)



## Scholarship Applicant Educational Report **PARTNER COLORADO FOUNDATION**

### APPLICANT:

Please sign your name on the line indicated below and take to your counselor/advisor, along with an envelope addressed to Partner Colorado Foundation.

### COUNSELOR/ADVISOR:

I have applied to Partner Colorado Foundation to be considered for a scholarship grant. Information about my high school performance is needed by the Scholarship Grant Selection Committee, which determines which applicants will receive scholarships. Please help me by forwarding as much of the following information as is available.

An envelope is attached for your use. Thank you.

Applicant's Signature

Date

### ATTACHMENTS

Completed Educational Report on Scholarship Applicant (Form SC-2)

PSAT Score (Verbal and Math)

Copy of Grade Transcript

ACT Score (Comp./Percentile)

Merit/Selective Score

EEB Score (Verbal and Math)

Class Rank of # of Students  
Computed on the basis of: All Subjects  
Academic Subjects Only

GRE Score

Other:

Grade Point Average Grading System: A = Average ACT/SAT for Class =

Advanced Classes: College Level AP Gifted/Talented

### COUNSELOR RECOMMENDATION

Use the space below (or attach a letter) to provide any additional information to help our Scholarship Grant Selection Committee evaluate this applicant's qualifications to receive a scholarship. Include a brief summary covering the applicant's involvement in school and related areas. Your comments will be held in strict confidence. Add additional sheet(s) if needed.

Counselor's Name

Title

Date

Please return form and any additional information directly to Partner Colorado Foundation, c/o Scholarship Grant Selection Committee, 6221 Sheridan Boulevard, Arvada, CO 80003, **postmarked by April 30, 2026.**



## Scholarship Applicant Recommendation

PARTNER COLORADO FOUNDATION

### APPLICANT:

Please sign your name on the line indicated below and take to a non-family member, along with an envelope addressed to the Foundation. This individual will preferably be a faculty member or another individual active in your chosen field, although any adult, non-family member may provide the required recommendation.

### NON-FAMILY MEMBER:

I have applied to Partner Colorado Foundation to receive a scholarship grant. Information about my academic experience, relevant extracurricular activities and personal standards is needed by the Scholarship Grant Selection Committee, to help determine who will receive a scholarship award. Please help me by completing and forwarding this form in the envelope attached for your use. **The deadline for this information is April 30, 2026. Thank you.**

Applicant's Signature

Date

Use the space below (or attach a letter) to provide any additional information to help our Scholarship Grant Selection Committee evaluate this applicant's qualifications to receive a scholarship. Include a brief summary covering the applicant's involvement in school and related areas. Your comments will be held in strict confidence. Add additional sheet(s) if needed.

Name

Date

Relationship to the Applicant

Please return form and any additional information to PCFAdmin@PartnerColoradoCU.org or mail to: Partner Colorado Foundation, c/o Scholarship Grant Selection Committee, 6221 Sheridan Boulevard, Arvada, CO 80003, postmarked by **April 30, 2026**.