

William Christian Lewis Shadburne Memorial Scholarship Application

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About Our Scholarship

William Christian Lewis Shadburne Memorial Scholarship sponsored by Park Community Credit Union

Christian Shadburne was an athlete, a leader, and a servant. A 2012 graduate of Hart County High School, Christian was an avid sports fan participating in basketball, soccer, baseball, tennis, and cross-country. He earned all-district honors in basketball and soccer, and was a captain on his basketball, soccer and tennis teams. Christian was selected as a Kentucky Governor Scholar, voted Mr. Hart County High School, and maintained a 4.0 GPA. Christian played an active role in his church and had a passion for serving at nursing homes and camps for children with disabilities. After graduating from high school, Christian enrolled at Western Kentucky University majoring in biology with a minor in chemistry. His career aspiration was to be a pediatrician. While completing his junior year at Western Kentucky University he was diagnosed with a rare form of cancer. Despite radiation and chemotherapy treatments, Christian passed from this life on May 26, 2016 at the age of 22.

Though Christian's life was short, he left a legacy that will be remembered. His priority in life was to be faithful to his God. He cared about his community and tried to help others whenever he could. It was Christian's character to go out of his way to help his friends and loved ones. Even when he was fighting cancer, he continued to think of others before he thought of himself. To be a friend of Christian's meant never having to face a challenge alone.

Park Community Credit Union is awarding five (5) \$1,000 non-renewable scholarships in memory of Christian to honor his achievements and hard work and remember his unselfish desire to help his community. It is our goal to reward well rounded students who seek to improve their community as Christian did.

Scholarship Criteria

Each applicant must be a member (have a share/savings account) of Park Community Credit Union in good standing and must include each item below to meet the criteria of a completed application.

- Copy of your official high school transcript with a cumulative GPA of 3.2 or higher.
- Proof of acceptance/admittance into a college, university or institution of higher learning.
- 2 letters of recommendation, one from a high school teacher and one from a non-school and non-family related individual.
- Essay of no more than 400 words on the subject What I Can Do Or Have Done To Improve My Community.
- Completed application (attached).

Selection Process

Your completed application and the materials above must be returned to Park Community Credit Union and postmarked no later than June 14, 2019. The scholarship will be selected by an independent selection committee selected by Park Community Credit Union. The scholarship may be used to pay for books, tuition, room and board or other related educational expenses.

Park Community Credit Union employees and their immediate family members are not eligible for this scholarship.

Please mail completed applications to:

Park Community Credit Union

Attention: David Shadburne

2515 Blankenbaker Parkway

Louisville, KY 40299

Student Application

APPLICANT DATA

Name (First/Middle/Last) _____

Address _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

EDUCATIONAL DATA

Name of High School _____ Graduation Date: Month/Year _____

Address _____ City _____ State _____ Zip _____

Name of High School Principal _____ Phone: (____) _____

Name of School you plan to attend _____

Address _____ City _____ State _____ Zip _____

Intended field of study _____

PERSONAL DATA

List all school and community activities in which you have participated during the past four years (i.e. student government, clubs, music, sports, church work, volunteer work). Please attach an additional page if needed.

Activity	No. of Years Participated	Awards, Honors, Offices Held

Describe your work experience during the past four years.

Name of Co./Organization/Position Held	Date from MM/YYYY	Date to MM/YYYY	Avg. Hours per Week

Please provide any unusual personal or family circumstances affecting your school and community activities, work experience or achievement in school.

APPLICANT APPRAISAL

To Student Applicant: This section must be completed by a school administrator, counselor, or faculty member, community or religious leader, or other unrelated person in a position of authority who knows you and your accomplishments.

To Appraiser: You have been asked to provide information in support of this application. On a scale of 1-5, 5 meaning you strongly agree and 1 meaning you strongly disagree, rate the following statements.

	5	4	3	2	1
The applicants achievements accurately reflect his/her ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant actively sets realistic and attainable goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant exemplifies the school's values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant volunteers to help improve his/her community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know the applicant extremely well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS: (invited, especially to highlight or add pertinent factors warranting consideration.)

Appraiser's Signature _____ Date _____

Title/Affiliation _____ Phone (____) _____

TRANSCRIPT INFORMATION

Students must include an official high school transcript and have the following section completed by appropriate school official. (Important notice to school officials: Please attach description of your school's grading scale.)

SAT scores _____ or ACT scores _____

Applicant ranks _____ in a class of _____ Cumulative grade point average _____

I certify this data is from a current and official transcript.

School Official's Signature _____ Date _____

Title/School _____ Phone (____) _____

APPLICANT CHECKLIST

This application becomes complete and valid only when you have mailed:

- completed application
- official transcript
- composition of no more than 400 words
- two letters of recommendation to:
Park Community Credit Union
Attention: David Shadburne
2515 Blankenbaker Parkway
Louisville, KY 40299
Postmark Deadline: June 14
- proof of acceptance into a college,
university or institution of higher learning

SELECTION OF WINNERS: An independent panel of judges has the sole responsibility for selecting the award winner, basing its decision on criteria as set forth in the program's announcement.

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, I may not be considered for the award.

SIGNATURE OF APPLICANT _____ DATE _____