

**Max Manuel Isaacs & Hannah Bernhardt Isaacs Memorial Scholarship
A Fund of the Eau Claire Community Foundation (ECCF)**

The Max Manuel Isaacs and Hannah Bernhardt Isaacs Memorial Scholarship Fund was established by the children of Max and Hannah to honor their parents. It awards three scholarships to Independence Public School graduates based on the following requirements: scholastic ability, financial need, and letters of recommendation.

This Fund will award three \$750 scholarships each year to Independence Public School graduating seniors. Graduates who plan to attend either a two-year, or a four-year post-secondary educational institution are qualified to apply.

ECCF will issue the scholarship award after the student successfully completes one semester of college coursework. Transcripts from first semester are required and should be submitted to ECCF. Additional information will be provided to the recipient of the scholarship once it is awarded. The scholarship payment will be processed according to ECCF's Scholarship Policy and will be credited to the student account to offset the cost of tuition and fees; books, supplies, and equipment required for your courses at this institution; and room and board.

Students who would like to mail a thank you letter for their award may send them to:

Isaacs Memorial Scholarship
Eau Claire Community Foundation
7 S Dewey St., Suite 200
Eau Claire, WI 54701

For more information, please contact ECCF at office@eccfwi.org or by phone at 715-552-3801.



Max Manuel Isaacs and Hannah Bernhardt Isaacs Memorial Scholarship Application

IMPORTANT NOTE: Please ensure all sections are complete, as incomplete applications may not be considered.

STUDENT CONTACT INFORMATION

Last Name, First Name M.I.

Address

City, State, Zip

Email Address

Phone Number

Name of High School

STUDENT ACADEMIC INFORMATION

Cumulative GPA

ACT and/or SAT Score

Intended Degree

Intended College

Acceptance Status Accepted Pending Have not applied Denied

Major Field of Study

Anticipated Occupation

FAMILY INFORMATION

Mother's/Guardian's Name

Address

City, State, Zip

Employer

Job Title/Position

Father's/Guardian's Name

Address

City, State, Zip

Employer

Job Title/Position



Please respond to the following questions:

1. Resume Attachment

Please attach a resume that includes your participation in extracurricular activities, community service, and employment history to your application.

2. Extracurricular, Community Service, or Employment Experience

Describe what you find most rewarding about your participation in one of your extracurricular activities, community service, or employment (250 words or less).



3. FAFSA-SAR (*preferred but not required*)

Please attach the first page of your FAFSA-SAR in PDF format.

4. Financial Plan

Describe how you plan to fund your post-secondary education (250 words or less).



5. Essay

Explain why you've chosen to pursue a post-secondary education (500 words or less).



6. Letters of Recommendation

Please attach your letters of recommendation and fill in their contact information below.

Letter of Recommendation 1:

| |
|--|
| Contact name: |
| Relationship to Applicant: |
| How long have you known the applicant? |

Letter of Recommendation 2:

| |
|--|
| Contact name: |
| Relationship to Applicant: |
| How long have you known the applicant? |

7. Authorization to Publish Scholarship Recipient Name

If selected as a recipient of this scholarship, ECCF may publish a press release congratulating scholarship recipients in the area, which may include your name. If you would prefer to remain anonymous, please indicate your preference by selecting one of the options below.

I give permission to ECCF to publish my name. I prefer to remain anonymous.

8. Signatures

By signing below, I verify that the information in this scholarship application is accurate to the best of my knowledge, and I understand that it will be considered during the scholarship selection process.

STUDENT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE *(If student is under 18):*

DATE: _____