

## VISTEON BEDFORD PLANT SCHOLARSHIP APPLICATION

To be considered for a \$1,000 scholarship the applicant must be a child or stepchild or grandchild of a past Visteon Bedford Plant employee (who was in good standing at time of Visteon closing) who:

- has been accepted at an accredited college, university, vocational, or technical school
- has at least a 2.5 grade point average (on a 4.0 scale)
- has demonstrated the ability to successfully complete a post-secondary education.

Preference will be given to *children* of past Visteon Bedford Plant employees.

### **Applicants should submit the following in order to be considered:**

- Completed application.
- One letter of recommendation (letter must be no longer than one page, signed by the recommending person and the original submitted with the application.
- Official transcripts (at least 7 semesters for high school students).
- Typed essay containing 200 to 400 words on the following topic: *Tell us about yourself, your personal goals, and future plans. Also include a personal statement of need describing any special family circumstances or unexpected expenses.*

**Completed applications must be received by April 1st.**

**Mail to:** Visteon Scholarship  
c/o Lawrence County Community Foundation  
P.O. Box 1235  
Bedford, IN 47421

# VISTEON BEDFORD PLANT SCHOLARSHIP APPLICATION

(PLEASE PRINT OR TYPE)

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Month/Day/Year

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Relationship to Visteon Employee \_\_\_\_\_

## PARENT/PAST VISTEON EMPLOYEE INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State Zip

Date of Hire: \_\_\_\_\_ End Date: \_\_\_\_\_ Retired: Yes No

Employee ID #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number (\_\_\_\_) \_\_\_\_\_

## SCHOOL INFORMATION

High School Attended \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
School Name Month/Year

Address: \_\_\_\_\_  
Street City State Zip (\_\_\_\_)

## EDUCATION INSTITUTION YOU ARE OR WILL BE ATTENDING

Institution's Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

How many college credit hours have you completed? \_\_\_\_\_

Using the space provided below, please record your activities. List them in order of importance to you within each of the four categories and include only hours spent **outside** the classroom.

ACTIVITY	LEADERSHIP POSITIONS, AWARDS, RECOGNITION, JOB DESCRIPTIONS, ETC.
<b>Community Activities</b> (volunteer, scouts, church activities, etc.)	
<b>School Activities</b> (clubs, student government, music, sports etc.)	
<b>Honors/Awards</b>	
<b>Work Experience</b>	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Visteon Parent/Employee Signature

By signing above I acknowledge the above information is accurate and complete