

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 who have completed at least one year of college.

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.
Community Activities (volunteer, scouts, church activities, etc.)	
School Activities (clubs, student government, music, sports etc.)	
Honors/Awards	
Work Experience	

Applicant Signature

Visteon Parent/Employee Signature

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