



## *The H. Pauline Hand Memorial Scholarship*

*Established in January of 2007 through the estate of H. Pauline Hand, scholarship assistance is provided for several students who are Steuben County residents and graduating from Angola High School, Fremont High School, Hamilton High School, or Prairie Heights High School. The students must be pursuing full-time study at an accredited college or university and is renewable for a total of four years if the student continues to be a student in good standing.*

*H. Pauline Hand was originally from the Edon, Ohio area, but lived most of her life near Metz where she and her husband Kenneth farmed until his death in 1980. She was described as friendly, neighborly, and fond of helping others. Mrs. Hand was an avid piano player and enjoyed needlework. She directed in her will that “the selection of recipients shall be based upon academic performance, leadership skills, and character.”*

The H. Pauline Hand Memorial Scholarship  
is held by the  
Steuben County Community Foundation.  
1701 N Wayne Street  
Angola, IN 46703  
260-665-6656



*The H. Pauline Hand Memorial Scholarship*  
Held by the Steuben County Community Foundation

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**Requirements:**

- The recipient(s) must be a Steuben County resident graduating from Angola High School, Fremont High School, Hamilton High School, or Prairie Heights High School, a non-traditional student (returning after an absence since graduating from high school), or any existing college student.
- The student must be pursuing full-time study at a university or college.
- The recipient(s) will be selected upon academic and leadership abilities, and character.
- The scholarship is renewable an additional three (3) years for a total of four (4) years.
- The student must carry a grade point average satisfactory to remain in good standing with their college or university.

**Selection Committee:**

- Steuben County Community Foundation Scholarship Committee

**Award**

- The amount of the award per student will be determined each year based on the amount available.
- If they so choose, the selection committee may determine to award multiple, smaller awards rather than one scholarship award.
- The scholarship will be paid directly to the college/university to be deposited into the recipient's account with instructions to return the scholarship money to the Steuben County Community Foundation if they fail to attend as planned. The money returned will be deposited in the H. Pauline Hand Memorial Scholarship Fund, or an alternate can be awarded the scholarship.

**The H. Pauline Hand Memorial Scholarship**

**Scholarship Application**  
**Please print**

Name: \_\_\_\_\_  
                    (First)  (Middle)  (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employed At: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employed At: \_\_\_\_\_

How many brothers and sisters live in the home with you? \_\_\_\_\_

Of these, how many are in college/tech school? \_\_\_\_\_

Are you reapplying for this scholarship? \_\_\_ yes \_\_\_ no

List college/university where you have been accepted. Indicate your course of study.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List honors and awards received in high school, community, church, civic or work activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What leadership roles have you demonstrated in any of these activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attachments:

- 1) Attach at least two supporting statements from former teachers or supervisors of any volunteer or paid work during your high school career attesting to your work ethic, leadership abilities, and character.
- 2) Attach a copy of your school transcripts. (High school and college – if completed at least one semester)

I certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by the Steuben County Community Foundation, I (we) agree to give documentation for information given on this form. Further, I (we) certify that the applicant meets the intent of the scholarship fund for which applied as stated in their guidelines.

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Applicant Signature

(Date)

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Parent (guardian) Signature

(Date)

**APPLICATION DEADLINE IS MARCH 15 OF THE CURRENT YEAR**