



**EXCHANGE CLUB OF GREELEY**  
**A.C.E. AWARD 2018**  
**SCHOLARSHIP**  
(up to \$2000)

**APPLICANT CRITERIA**

1. Weld County resident and attends high school in Weld County
2. Graduating Senior (2018) and maintains satisfactory academic progress as a full-time student
3. Overcame a hardship, obstacle, or challenge (such as, but not limited to, abuse, disease, physical challenges, or family issues)

**APPLICANT INSTRUCTIONS**

1. Complete the Student and Family Data information
2. Complete the 3 essays outlined below
3. Provide two letters of recommendation (i.e. Teacher, Counselor, or Community Member)
4. Scholarship applications MUST be postmarked by **March 3, 2018** to be considered. Late or incomplete applications will not be accepted.
5. Mail to: Exchange Club of Greeley, Attn: ACE Award, P.O. Box 336816, Greeley, CO 80633
6. Additional applications and instructions are also available on our website: [www.greeleyexchange.com](http://www.greeleyexchange.com).
7. The scholarship winner will be invited to an Exchange Club luncheon, and asked to speak informally about their plans for the future.
8. The Exchange Club of Greeley will disburse the scholarship funds directly to the student's college of choice.

**Essays**

Describe the physical, emotional, or social obstacle or challenge that you have overcome, how it impacted your life, and implications for the future. (not to exceed 500 words)

Describe the event(s) in your own life of which you are most proud. (not to exceed 250 words)

Describe your plans for the future, and how this will make your community and world a better place to live. (not to exceed 250 words)

**EXCHANGE CLUB OF GREELEY  
A.C.E. AWARD APPLICATION**

**STUDENT AND FAMILY DATA**

Applicant's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Email \_\_\_\_\_

Method of Contact:    phone \_\_\_\_\_ email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current High School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Name of Teacher/Counselor \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Teacher/Counselor \_\_\_\_\_

**ATTACHMENTS:**

1. Essays
2. Letters of Recommendation (2)