

The Brattleboro Rotary Club Gateway Foundation Jesse M. Corum IV Scholarship Application Form

*This scholarship, funded by the Brattleboro Rotary Club Gateway Foundation, is established to honor Jesse M. Corum IV, a long-standing Rotarian committed to community service. It will be awarded each year in April to a Vermont resident **enrolled in the second year of studies at CCV Brattleboro** for an Early Childhood Education degree. Academic achievement, financial need and community service are the criteria for selecting the recipient. The award is \$2,500 and will help cover tuition and fees for one semester for a full-time student, or it can be spread throughout the year for a part-time student.*

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Birth date: _____

Application requirements:

- _you are a Vermont resident
- _you have achieved at least 15 credits from CCV Brattleboro
- _you are working towards a Early Childhood Education degree
- _a completed scholarship application form

What are your career and educational goals with your Early Childhood Education degree and how will CCV help you obtain those goals? *(Feel free to type on a separate sheet and attach if you like.)*

Permission to use name release

As a recipient of this scholarship, I understand that the Brattleboro Rotary Club Gateway Foundation may wish to publicly announce this award or use my name in future fundraising materials. I grant the Brattleboro Rotary Club Gateway Foundation permission to use my name in press release announcements or fundraising literature. I understand that my signing this form will in no way influence the awarding of the scholarship.

Name _____ Date _____

Signature _____

APPLICATION MUST BE POSTMARKED OR EMAILED BY FRIDAY, May 15, 2026

Please send the completed application to: Gateway Foundation, Attn: John C. Mabie, 45 Linden Street, Brattleboro, VT 05301;
jmabie@windhamlawvt.com

***The Brattleboro Rotary Club Gateway Foundation
Jesse M. Corum IV Scholarship Application Form***

TO THE APPLICANT:

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to pursue a CCV Early Childhood Education degree.

Complete your sections of this application at your earliest convenience, then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted.

REMEMBER: This application becomes valid only when the following have been submitted:

1. Gateway Foundation Student Scholarship Application, four pages;
2. Parent Contribution Questionnaire (PCQ), one page;
3. A 250 word essay entitled, "What I learned by doing community service this year;" and
4. Current transcript of grades.

Applicant's Signature _____ Date _____

Parent Signature (if student is less than 18 years old) _____

Name of Chapter Gateway Foundation – Rotary Scholarship

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OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

Gateway Foundation – Rotary Scholarship

PARENT CONTRIBUTION QUESTIONNAIRE (PCQ)©

*See reverse side for instructions to assist in completing this form

A. STUDENT INFORMATION – please print

Mr. Ms. **STUDENT** Last Name: _____ First Name: _____ MI: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) _____ Email Address: _____

Note: The PCQ should be completed using the parent's financial information (Section B)

B. PARENTS' INCOME, EXPENSE, AND ASSET DATA (FOR THE YEAR JANUARY 1, 2025 TO DECEMBER 31, 2025)

The applicant's parent(s) must complete the following section. **NOTE:** If legally classified as an independent student, use this section to supply your (and your spouse's, if any) financial information. Indicate whether the information is from:

A completed tax return - IRS Form 1040 filing date of **April 15, 2026**

1. State of Residence _____

2. Adjusted gross income (IRS Form 1040 – Line 37) \$ _____

3. Total federal tax paid (IRS Form 1040 – Line 63) \$ _____

4. Total income of father or self if independent student \$ _____

Total income of mother \$ _____

5. Yearly untaxed income and benefits: Please indicate source - Social Security AFDC
 Child Support Other _____ \$ _____

6. Medical/Dental expenses not paid by insurance (exclude premiums) \$ _____

7. Total cash, checking, savings, cash value of stocks, etc. (exclude Retirement plan funds, IRA, 401(k), 403(b), etc.) \$ _____

8. Total number of family members living in the household and primarily supported by the reported income # _____

9. Marital status of parent/legal guardian or independent student's current marital status is (check one):
 Single Married Separated Divorced Widowed

10. Total number of family members attending a postsecondary school at least half-time during the 2025-2026 school year, including applicant – do **not** include parents in this number # _____

C. CERTIFICATION AND SIGNATURES

CERTIFICATION: All information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of The Gateway Foundation, I (we) agree to give proof of the information that I (we) have given on this form.
I (we) realize that this proof may include a copy of my (our) 2025 U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked; the student may not receive aid.

Applicant's Signature _____

Parent's Signature Father Mother
(Not required for independent student)

Do you have legal custody of the student? Yes No
Is the student your dependent? Yes No

INSTRUCTIONS FOR COMPLETING THE PARENT CONTRIBUTION QUESTIONNAIRE (PCQ)

- A. STUDENT INFORMATION: The scholarship applicant's name should appear on the first line on the PCQ; however, the questionnaire must be completed by the parents of the applicant. An exception is if the applicant is legally classified as an independent student. The independent student must supply his/her (and spouse, if any) financial information.
- B. PARENTS' INCOME, EXPENSE AND ASSET DATA: Information on this form must be from the parents' completed tax return filed on April 15, 2026. Be sure to check the appropriate box.
1. **State of Residence** is the state where the parent(s)/independent student reside and pay state income tax.
 2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income increased or reduced by specific adjustments specified by law.
 3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS Form 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
 4. **Total Income of Parent(s)** should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Parent Contribution Questionnaires may be submitted by the student** (make copy of form as necessary).
 5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
 6. **Medical and Dental Expenses** include only those expenses **not** paid by insurance. Do not include premium payments.
 7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401K, or other retirement plan funds.
 8. **Total Number of Family Members** living in the household and primarily supported by the reported income – includes dependent college students living away from home.
 9. **Marital Status** is the current status of the person from whom the financial information is submitted.
 10. **Total Number of Family Members Attending Postsecondary School** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number; however, do **not** include parents even if they are attending school.
- C. CERTIFICATION AND SIGNATURES: Both the student and the parent completing the PCQ must sign this form. Parent's signature is not required for an independent student. Please read the Certification box.

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) _____

Appraiser's Signature _____ Date _____ Title _____ Telephone Number _____

Appraiser's Business Address (Street) _____ (City) _____ (State) _____ (Zip) _____

APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing.)

- Application
- All required signatures

Application Deadline: **May 15, 2026** _____

Return Application To: Gateway Foundation, Attn: John C. Mabie, 45 Linden St., Brattleboro, VT 05301;
jmabie@windhamlawvt.com