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Foundation

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**About Rosalyn and William Hamrick:**

The William and Rosalyn Hamrick Scholarship Fund was established as a permanent fund with the LSS Foundation, Inc. by Rosalyn Hamrick in October of 2015. The purpose of the Fund is to provide scholarship support to children served through the programs of Lutheran Social Services of Wisconsin and Upper Michigan (LSS).

Rosalyn and Bill Hamrick adopted one of their two children through LSS in 1964. In addition to being adoptive parents, the couple provided short term foster care to over 30 children through LCFS (Lutheran Child and Family Services) of Illinois and LSS of Wisconsin throughout their married life. Not long after Bill's death in 2014, Rosalyn felt called to create a legacy that would continue their commitment to helping adoptive and foster care children on a path to success through education.

**Scholarship Guidelines:**

Priority consideration for distributions from the Fund will be given to youth who have been served through the LSS in adoption, foster care and residential care programs. Consideration will be given to candidates who are enrolled in a post high school, accredited community, technical/trade or four-year college/university and who have demonstrated financial need.

To be considered for financial assistance from this scholarship, you must meet these criteria:

- Has experienced out of home placement, including but not limited to foster care, adoption, juvenile justice, residential care, etc.
- 12th grade student enrolling in a community college, technical/trade school or four-year college or university. Someone out of school for 2 years or less and wanting to get back in to school.
- U.S. Citizen or Permanent Legal Resident with a Green Card
- Demonstrated leadership skills and responsibility (leadership/responsibility skills should be evident in the personal narrative, extra-curricular, and/or community service portions of the application)
- Evidence of extracurricular activities (school/community involvement/employment)
- Community Service

You must also submit a completed application and provide all supporting documentation. Grant amounts awarded will be based upon funds available.

Individuals are eligible to receive one scholarship award per year. Applications are accepted twice per year and are reviewed by the scholarship committee. Deadlines for those submissions are June 1<sup>st</sup>, November 15<sup>th</sup>. At the conclusion of the review period, which is one month from the application deadline date, all applicants will be notified in writing as to the status of their grant application.

The scholarship committee will consist of staff of Lutheran Social Services within the Children Youth and Family Services Division. All information disclosed by the applicant(s) will be kept confidential.

Reapplication to this scholarship is encouraged on an annual basis to prior applicants, whether or not they were previously awarded the Hamrick Scholarship

**Submit Complete Application To:**

[hamrick.scholarship@lsswis.org](mailto:hamrick.scholarship@lsswis.org) (preferred)

or

Lutheran Social Services  
Attn: Hamrick Scholarship  
612 North Randall Ave  
Janesville, WI 53545

Applicant's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Applicant's Employer \_\_\_\_\_ Length of employment \_\_\_\_\_

Secondary Education College or School of acceptance/attendance \_\_\_\_\_

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

1. Date of Birth of Applicant \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Evidence of extracurricular activities (school/community involvement) (indicate type, frequency and duration of the involvement within the past 12 months). \_\_\_\_\_

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

3. Community Service (indicate type and total hours over the past 12 months) \_\_\_\_\_

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

4. Employment History (include any employment experience) \_\_\_\_\_

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

5. Out of home placement experience. Type \_\_\_\_\_ Length \_\_\_\_\_

Anything else you would like us to know. \_\_\_\_\_

6. Status as of today's date. \_\_\_\_ Adopted \_\_\_\_ Aged out of care \_\_\_\_ Still in out of home care  
\_\_\_\_ Reunified with family

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Foundation

7. Would you need any accommodations during your continuing education, such as an IEP? \_\_\_\_Y \_\_\_\_ N  
If yes, please describe\_\_\_\_\_

\_\_\_\_\_

8. ACE Score : \_\_\_\_\_  
(See attached Survey)

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### ATTACHMENTS

#### Required Supplemental Information to attach at time of applications.

1. Two letters of recommendation from a teacher, college/guidance counselor or mentor, pastor
2. Digital photograph of applicant, optional.
3. Transcript of grades
4. Electronic Student Aid Report (SAR), when applicable
5. SAT and/or ACT score verification, when applicable
6. Copy of acceptance letter

#### Documents Required Before Scholarships Can Be Funded (where applicable)

1. Copy of financial aid award information from the university to be attended
2. Cost of attendance provided by the university with expense budget breakout for entire year
3. Copy of Health Insurance Fee Verification from university
4. Thank you letter addressed to Rosalyn Hamrick via LSS Foundation

### Consent Form

#### 1. PURPOSE

The undersigned agrees that this application is being made for the purpose of obtaining assistance with continuing education expenses. The undersigned further acknowledges that the willingness to accept an application is not any type of acknowledgement or representation on behalf of *Lutheran Social Services' Foundation* will be granted or given.

#### 2. AUTHORIZATION AND RELEASE

The undersigned hereby authorizes any officer, employee, agent, representative or staff member of *Lutheran Social Services' Foundation* to obtain financial and personal information from any institution or individuals including but not limited to those individuals and institutions referenced in this application.

#### 3. LIMIT OF LIABILITY

The undersigned acknowledges that *Lutheran Social Services' Foundation* has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that *Lutheran Social Services' Foundation* shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds *Lutheran Social Services' Foundation* harmless from any liability of any type or nature as a result of allowing the undersigned to submit this application.

**4. PERMISSION**

The undersigned gives *Lutheran Social Services' Foundation* permission to use their story and/or photographs on *Lutheran Social Services* website, and/or printed material.. (Your answer does not have an impact on financial assistance)      Yes\_\_\_\_\_ No\_\_\_\_\_

**5. SIGNATURES**

I am providing this information to Lutheran Social Services for their internal and confidential use. All information contained in this application is accurate to the best of my knowledge.

Scholarship Applicant \_\_\_\_\_

Date:\_\_\_\_\_