## Elizabeth Ann Burke (EAB) Memorial College Scholarship Application Form

## **HISTORY (HERSTORY)**

Elizabeth Anne Burke was the mother of Barbara Burke Fondren, Co-founder (with her husband Glenn) of Community Montessori. She was an influential founding member of the Community Montessori Board of Directors. The future and current success of the school is directly attributable to her involvement in Community Montessori Charter Public School. She directly supported Barbara and Glenn Fondren from the very beginning by caring for their children (Kaitlin and Kasey) during the late evening hours and long weekends to start the school. She supported Barbara at auctions, repaired used furniture, painted and maintained materials, and consistently maintained/repaired/cleaned parts of the buildings to make a beautiful environment for all children and teens.

When planning and construction began on Phase I and II of the "Dream School", Elizabeth consulted on all of the finishes of the building. During construction and up to days before her passing, she could be seen circling the building to make sure all was safe and sound. She supported the beautification of the outside environment with the fountain at the pond, benches, and the two bronze statues at the entrance of the school.

Elizabeth never met a stranger. Most families/learners who knew her, remembered her because of her kindness and willingness to listen and lend a hand. Within the community, Elizabeth would frequently support Random Acts of Kindness and was always aware of helping a person in need.

On December 3<sup>rd</sup>, 2009, Elizabeth suffered a major aneurism rupture in her brain. This vibrant, beautiful, kind person was not to recover and passed on December 6<sup>th</sup>, 2009. The family would like to memorialize her in an ongoing scholarship for graduating teens of Community Montessori. Family and friends of Elizabeth Burke make annual donations to keep this scholarship active.

Who is Eligible – Current graduating teens at Community Montessori Charter Public School in New Albany, Indiana who will attend a higher education institution.



<u>General Information</u> - Based on annual donations, the Community Montessori Board of Directors will host a random draw from all completed applications to award several \$500 scholarships at the February Open Board Meeting. Awarded applicants will notify the Grant administrator of the name of the higher education institution to be attended and the check will be made out to both the institution and the teen.

Application Deadline – January 30th (Elizabeth's date of birth) of the year of the graduating class.

Random Acts of Kindness Plan – Please attach a plan on how you will support Random Acts of Kindness for the next year and beyond in our community and/or world. This can be an essay, PowerPoint, video, or other creative device that can be opened in standard format. We expect all applicants to commit to this endeavor.

## Application must be filled out completely and legibly to be considered eligible for an award.

<b>Graduating Teen Information:</b>		
Date:		
Name:		
Local Address:		
City/State/Zip:		
	Mobile Phone: ( )	
Email Address:		
Parent/Guardian Information:		
Name:	Relation to Child:	_
Name:	Relation to Child:	_
Address:		
Local Phone: ( )	Mobile Phone: ( )	_
Email Address:		
If awarded, please make check also payable	to:	
Higher Education Institution:		
Address:		
City/State/Zip:		
Please read and sign the following:		
☐ Random Acts of Kindness Plan attac	hed	
of all completed applications. It is also requ reviewed by your Teen Advisor at Communi Scholarship awardees will be invited to atter presentation	vill be based on completing the entire application on time and a random draited that the completed applications and Random Acts of Kindness Plan are ty Montessori Charter Public School to verify that this is appropriate work do the May Community Montessori Board of Directors meeting for a brief this application is true and the submitted essay is original and solely my or	re
	Date:	
Printed Name of Applicant	Signature	
Diat IN f D	Date:	
Printed Name of Parent	Signature	
District the second sec	Date:	
Printed Name of Teen Advisor	Signature	