



# The Alicia McIntire Scholarship



This scholarship will continue the work that beloved GoPacks team member, and local educator, Alicia McIntire started with our organization. The Alicia McIntire Scholarship is designed to remove financial barriers and walk alongside one student at a time, throughout their higher education journey. For the 2026-2027 school year, a minimum of \$5,000 will be awarded.

As part of her work with GoPacks, Alicia gathered resources and connected older students to various supports so they could continue to pursue their future goals. This scholarship will continue her work, assisting students with not just possible tuition costs, but other expenses students face when pursuing higher education, such as food expenses, transportation, rent, etc. We miss our friend dearly, but know this scholarship will continue the great legacy she has left behind.

## Who is eligible?

### **A student who has a connection with GoPacks.**

Priority goes to a candidate who has been enrolled in a GoPacks program.

Secondary preference to a candidate who has been involved with GoPacks.

## Timeline:

**Applications for the 2026/27 School Year are due on June 21, 2026 by 11:59 pm.**

Scholarship recipient will be selected and notified by the end of June.

## SECTION 1: Applicant Information

<b>Full Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>School:</b> (can be currently attending or applying to)	
<b>Program Major:</b>	
<b>Degree/Certification Type:</b>	<input type="checkbox"/> 4-Year Institution <input type="checkbox"/> Technical Center <input type="checkbox"/> 2-Year Institution <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Online Program/Certification
<b>Enrollment Status:</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time  Expected Start Date: _____  Expected Graduation Date: _____

## SECTION 2: Connection to GoPacks

Please select the option that best describes your connection:

- I have been enrolled in one of the nonprofit's programs.
- I have participated in nonprofit activities or services.
- I have volunteered with the nonprofit.

## SECTION 3: Educational Goals

To complete this section please attach either a written essay (500–700 words total) OR a video recording (5–7 minutes in length) that responds to the following prompt:

What are your education and career goals and how would receiving this scholarship help you achieve them?

- Essays can be attached to this application.
- Videos can be emailed (or a link to the video) to Heather.Warner@GoPacks4kids.org. Please be sure to note in the email that this is part of your application.
- Videos can also be submitted on a jump drive.

**SECTION 4: Financial Need**

<b>Are you currently employed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you plan on keeping your current job or getting a different job while attending school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
<b>Estimated Monthly Income:</b>	
<b>Estimated Monthly School-Related Expenses</b>	Monthly total from completed chart:
<i>Be sure to include a completed Estimated Monthly School-Related Expense Form with this application.</i>	
<b>Family Financial Support:</b>	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate

**SECTION 5: References**

Please provide (2) non-family references we can contact about your character during the Scholarship Review Process. We will contact each reference using the information provided.

<b>Name of Reference:</b>	
<b>Connection to Applicant:</b>	
<b>Phone Number</b> <b>AND/OR</b> <b>Email Address</b>	Phone Number: _____  Email Address: _____

<b>Name of Reference:</b>	
<b>Connection to Applicant:</b>	
<b>Phone Number</b> <b>AND/OR</b> <b>Email Address</b>	Phone Number: _____  Email Address: _____

**SECTION 6: Accountability & Commitment**

<b>Are you willing to submit an update form at the end of the school year to renew this scholarship?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you willing to remain connected to GoPacks during your educational journey?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Applicant Signature:</b>	
<b>Date of Application Completion:</b>	

Before submitting, please verify that the following information is included:

<b>Required Attachments:</b>	<input type="checkbox"/> Written Essay <u>OR</u> <input type="checkbox"/> Video Recording <input type="checkbox"/> Estimated Monthly School-Related Expenses Form <input type="checkbox"/> Two Contactable References (No Family Relations)
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Please complete the following chart and include it with your application.

# Estimated Monthly School-Related Expenses

Item	Estimated Amount	If re-occurring, how many months do you expect to budget for this item? <i>Be sure to enter a number in this column. Enter a 1 if it is a one time expense.</i>	Total for the Year
Tuition			\$0.00
On-Campus Housing <i>(if living on campus)</i>			\$0.00
Campus Meal Plan <i>(if living on or off campus)</i>			\$0.00
Textbooks			\$0.00
Laptop & Related Equipment			\$0.00
School Supplies <i>(including any uniforms needed for field work for your degree)</i>			\$0.00
Athletic Equipment <i>(if needed as a student athlete)</i>			\$0.00
Gas/Travel Expenses			\$0.00
Other Car Related Expenses <i>(if needed)</i>			\$0.00
Food <i>(not included in a campus meal plan)</i>			\$0.00
Utilities <i>(if living off campus)</i>			\$0.00
Healthcare Related Expenses			\$0.00
Childcare			\$0.00
<b>Expenses Total</b>			\$0.00
<b>Averaged Estimated Monthly Total:</b>			\$0.00