

SCHOOL AND COMMUNITY ACTIVITIES

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, 4-H, etc.) Please define any acronyms.

Activity	Dates of Participation	Office/Position Held (Indicate whether Elected or Appointed)	Awards or Honors
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected- <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	

List community agencies or organizations in which you have participated *without pay* during the *last three years*. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.)

Name of Agency or Organization	Kind of Activity	Dates of Participation	# of Hours
			<input type="checkbox"/> per-week <input type="checkbox"/> per year
			<input type="checkbox"/> per week- <input type="checkbox"/> per year
			<input type="checkbox"/> per week <input type="checkbox"/> per year
			<input type="checkbox"/> per week <input type="checkbox"/> per year
			<input type="checkbox"/> per week <input type="checkbox"/> per year

If you listed a leadership role in one or more of the activities or organizations cited above, please choose one, detail your responsibilities, and explain the significance of your contribution to the organization.

List jobs (including summer employment) you have held in the *last three years*.

Employer or Type of Business	Job or Type of Work	Period of Employment	Dates of Employment	Hours per Week
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year		
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year		
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year		

Of all your courses, activities, internships, and work experience, which one did you find most rewarding or personally satisfying? Explain why.

RECOMMENDATION REQUIREMENT

Two letters of recommendation are required:

- The **first letter** of recommendation should be provided by a guidance counselor, teacher, or school official who is familiar with your academic work.
- The **second letter** may come from a similar academic source or from a personal contact (*not a friend, classmate, or family member*) that has knowledge of your activities outside the classroom (e.g. extracurricular activities, community service, work experience; etc.).

AUTHORIZATION/CERTIFICATION

Please review your responses, sign your name below, and give this form to a school official for completion. Your signature will authorize your school to release the information requested, including class rank and test scores, and certify that all information you entered on this form is accurate and true.

NOTE: IT IS YOUR RESPONSIBILITY to ensure that your school releases the requested information by the program deadline.

Student's Name (Please Print) _____

Student's Signature _____ Date _____

STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE

SCHOOL INFORMATION & EVALUATION – To be completed by guidance counselor/school official.

Complete the information requested below, sign the form, and attach an official transcript of the student's grades that includes the senior year courses being taken. If a school profile is available, include one with this form. *Completion of this section cannot serve as a substitute for one of the student's required letters of recommendation.*

Please provide the following information regarding the applicant's academic record.

Student's Class Rank

Student's Class Size

Student's GPA Weighted
 Unweighted

GPA Scale

Standardized Test Scores
(note: all SAT scores reported below must be from the SAME test administration.)

ACT	Test Date _____	Composite Score <input type="text"/> <input type="text"/>
SAT	Test Date _____	Critical Reading <input type="text"/> <input type="text"/>
	Writing <input type="text"/> <input type="text"/>	Math <input type="text"/> <input type="text"/>

Please rate the level of difficulty of the courses this student has taken and passed:

- Most Difficult Above Average Average Below Average

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. *Check only one box per statement.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student possesses a high level of academic ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to assist with this scholarship application.

Your signature below indicates that you have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Print Name & Title of School Official _____

Signature of School Official _____ Date _____

Telephone Number (with area code) _____

E-Mail Address _____

High School Code

*Please make certain to include an official transcript.
 Mail all scholarship materials by the deadline date to:*

