



Ashby Area Scholarship Program Application

Name: _____

Due: _____ Friday, May 4nd

to Mr. Meissner



Applicant: Do not write in this box.

For Scholarship Committee Only:

1. _____ Essay
2. _____ GPA
3. _____ ACT
4. _____ Work Experience
5. _____ Career Plans/Goals/Statement
6. _____ Activity Involvement
7. _____ Applicant Appraisal

Total: _____

Scholarship Amount Awarded: _____

Applicant Data:

Name

Date of Birth

Address

Phone Number

Name(s) of Parent(s)/Guardian(s)

School Data:

High School Attended

Graduation Date: Month

Year

Post-secondary school for which applicant's scholarship is requested

Major field of study the applicant plans to pursue

Personal Data:

Describe your work experience during the past four (4) years. Indicate dates of employment in each job and approximate number of hours worked each week. In addition, indicate if you worked during the summer, during the school year, or both.

Position

Date from (mo/yr)

Date to (mo/yr)

Hrs/Week

Summer/School Yr

List all school activities in which you have participated during the past four (4) years (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four (4) years (e.g. volunteer work, church work, etc.). Indicate all special awards and honors. Attach a separate sheet if space provided is inadequate.

Activity

of years

Special Awards/Honors

Make a statement about your plans as they relate to your educational and career objectives/future goals. Attach a separate sheet if space provided is inadequate.

Personal Essay - Please answer the following question: Describe yourself and how you have you worked in your life to make a positive difference? Submit your response on an additional sheet with this application.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Ashby Area Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Ashby Area Scholarship Program.

I hereby understand that if chosen as a scholarship winner, according to Ashby Education Foundation scholarship policy, I must provide evidence of enrollment/registration/completion at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant:

Date: _____

Witness:

Date: _____

***The deadline for this application to be received is Friday, May 4, 2018, 4:00 p.m.
No exceptions!***

Transcript Information:

Please attach your high school transcript.

Cumulative Grade Point Average _____

ACT Composite Score _____

Applicant Appraisal:

This section is to be filled out by a high school counselor, advisory, instructor, member of the clergy, professional person, supervisor or coach.

Excellent Good Fair Inappropriate

The applicant's choice of post-secondary education program is:

The applicant's achievements reflect his/her ability:

The applicant's ability to set realistic and attainable goals is:

The quality of the applicant's commitment to school and community is:

Comments

Appraiser's Signature

Title

Date