

THE COMMUNITY FOUNDATION
of Shelby County

Courtview Center, Suite 202
100 South Main Avenue
Sidney, Ohio 45365-2771

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January, 2009

Dear Southeastern High School Senior,

Thank you for your interest in applying for the Shoemaker Memorial Scholarships administered by The Community Foundation of Shelby County. Scholarship recipients will be selected for a \$1,000 Floyd and Marie Shoemaker Scholarship and a \$500 James Shoemaker Scholarship. These scholarships are renewable for one additional year.

Recipients will be selected based upon demonstrated school and community service, a grade point average between 2.5 and 3.5, and recommendations.

Applications must be delivered in person or by mail to the Guidance Office at Southeastern High School no later than the scholarship deadline date of **March 20, 2009**

All scholarships are awarded without regard to gender, race, creed, color, ethnic origin, physical disability or religious affiliation or non-affiliation.

The application is submitted based on information as of the date of the application. If you are advised of the receipt of other scholarship awards or if your financial status changes after the date of this application, please notify the Foundation. The Foundation reserves the right to withdraw a scholarship previously awarded upon receiving evidence that the need as described in this application has significantly changed. If you have questions, please contact me at the Foundation office. *Good Luck!*

Sincerely,

Marian Spicer
Executive Director

The Shoemaker Memorial Scholarship
(For seniors at Southeastern High School, South Charleston, Ohio)

Name _____

Address _____ City & Zip _____

School District in which you reside: _____

Phone _____ E-mail _____

Please list your cumulative Grade Point Average _____ (Applicants must have a high school GPA between 2.5 and 3.5)

For what profession are you preparing: _____

What is your intended college major: _____

Length of course (number of years): _____ Preferred college: _____

Estimated college costs for the coming year:

Tuition \$ _____

Room & Board \$ _____

Books/Supplies \$ _____

Other: _____ \$ _____

TOTAL \$ _____

List scholarships you have been awarded for the coming year and the amount:

Parent(s) or guardian:

Father's
Occupation _____ Place of employment _____

Mother's
Occupation _____ Place of employment _____

Ages of brothers and sisters living at home: _____

Number of brothers and sisters in college: _____

List your participation in community, religious and school activities: *(attach a sheet if necessary)*

List your employment history: (circle either full-time, part-time, occasional or seasonal)

Employer: _____ Dates employed: _____
Kind of work: _____ Full-time Part-time
Occasional Seasonal

Employer: _____ Dates employed: _____
Kind of work: _____ Full-time Part-time
Occasional Seasonal

Employer: _____ Dates employed: _____
Kind of work: _____ Full-time Part-time
Occasional Seasonal

REQUIRED ATTACHMENTS

(to be submitted with your application and/ or by the application deadline)

1. Please submit a transcript of high school courses and grades. If your high school transcript does not include your ACT and/or SAT score, please submit a copy of the score report(s). High school students in the post-secondary option do not need to submit a transcript if college courses appear on your high school transcript.
2. A brief personal statement (not more than 300 words) telling why you have chosen your field of study, why you chose your preferred college and why you should be awarded a Shoemaker Memorial Scholarship.
3. At least one (1) and not more than three (3) letters of recommendation. Please copy the attached Recommendation Form and give it to your references. Your references may submit a letter on their letterhead or complete and return the Recommendation Form. Letters may be attached to the application or the writer may send a recommendation directly to the Guidance Office at Southeastern.

CERTIFICATION

I HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS MADE IN GOOD FAITH. I ACKNOWLEDGE THAT THE COMMUNITY FOUNDATION OF SHELBY COUNTY RESERVES THE RIGHT TO WITHDRAW A SCHOLARSHIP PREVIOUSLY AWARDED UPON RECEIVING EVIDENCE THAT THE NEED AS DESCRIBED IN THIS APPLICATION HAS SIGNIFICANTLY CHANGED.

Date

Applicant

RELEASE

I hereby agree to permit the release of any and all high school and college records pertaining to scholastic achievement or extracurricular activities, including but not limited to class standing, test scores, and transcript materials to the Shoemaker Memorial Scholarship selection committee for The Community Foundation of Shelby County.

Parent or Guardian (if applicant is under 18)

Applicant

Please submit this application with attachments by March 20, 2009 to:

Guidance Office
Southeastern High School
Box Z
South Charleston, OH 45368

THE COMMUNITY FOUNDATION
of Shelby County

Applicant name: _____

The above is applying for scholarships from funds administered by The Community Foundation of Shelby County. Please complete this form or write a letter on your letterhead answering the questions below and return it by the date listed at the bottom of this form.

How long have you known the applicant? _____

In what capacity? _____

Please provide your views on the applicant. You may wish to include financial need, academic ability, suitability for the chosen field of study, character, etc.

Signature: _____ Title: _____

School/Organization/Company: _____ Date: _____

This form or a letter of recommendation should be returned to the applicant by _____ (date) or mailed to Guidance Office of Southeastern High School, Box Z, South Charleston, OH 45368 by _____(date). Thank you!