Dr. Eckert Scholarship

Application Checklist

| **** This form must be filled out in its entirety and returned to | in the Guidance Office: |
|--|-------------------------|
| """" I nis torm must be tilled out in its entirety and returned to | in the Guidance Office: |

- 1. A completed application form.
- 2. Transcript of high school/college grades.
- 3. A typed essay (included on application form) which outlines the applicant's vocational or professional goal.
- 4. A copy of your FAFSA or financial aid award letter.

| NAME OF | APPLICANT | | | |
|-------------------|---|---------------------------|---------------------------------|--------------------------|
| | Last | First | Middle | |
| STREET ADDRESS | | CITY, | STATE | ZIP |
| PHONE NU | JMBER | | | |
| DATE OF (| GRADUATION FROM | CENTRAL SCHOOL | | |
| COLLEGE | S TO WHICH YOU HAVE APPLIED: | NAME OF COI | LLEGE THAT YOU PLAN TO | O ATTEND: |
| WHAT IS Y | YOUR INTENDED MAJOR? | | | |
| WHAT PRO | OFESSION DO YOU HOPE TO ENTERS |) | | |
| WHAT DO | YOU WISH TO ACHIEVE THROUGH | YOUR CHOSEN PROFI | ESSION? | |
| | | | | |
| NAME OF | PARENT OR GUARDIAN | | | |
| STREET A | DDRESS | CITY, ST | ſATE, ZIP | |
| <u>SCHOLAR</u> | <u>SHIP</u> | | | |
| 1. | Submit a transcript of your high school | grades. | | |
| 2. | S.A.T. and/or A.C.T Scores | Critical Reading | g Math | |
| | | ACT Composite | e Score | |
| 3. | What is your class rank? | | | |
| | out of | | | |
| 4. | List Scholastic honors or awards you ha National Merit Recognition, etc. (use ba | | d nature of honor or award) i.e | e., Regents Scholarship, |
| | | | | |
| | | | | |
| SCHOOL A | AND COMMUNITY PARTICIPATION (| Students may submit a res | sume in lieu of completing iter | ms 1-3) |

1. List the school activities in which you have been involved (use back if needed).

| | NAME OF ACTIVITY | OFFICE HELD | YEAR |
|-----|--|--|------|
| | | | |
| 2. | List the community and/or church activities NAME OF ACTIVITY | es in which you have participated. OFFICE HELD | YEAR |
| 3. | List any honors or awards you have receiv | red as a result of your participation in activities. | |
| 4. | If you were unable to participate in activit | ies, please give reasons. | |
| 5. | Do you have a hobby? Describe it | | |
| 6. | Please describe your work experience | | |
| 7. | Has it had any effect on your grades? | If so, what? | |
| 8. | | nt summer vacation? | |
| SCH | OOL AND COMMUNITY PARTICIPATION | I <u>, CONT.</u> | |
| 9. | In what future activities do you intend to p | participate? | |

| 10. | List your most ou | tstanding strengths and weaknes | ses as you see them. | | |
|----------------|--|---|--|--|----------------------------------|
| | NCIAL NEED | | | GROSS INCOME | TAXABLE INCOME |
| | 's Occupation r's Occupation | | | | |
| Person | al Income (Yourself |) | | and/or (spouse) | |
| 1. | Number of depend | dent brothers and sisters | List ages: | | |
| 2. 3. | Total number of e Number of other f cost for the other f Cost \$ | tent brothers and sisters xemptions claimed on your pare amily members attending colleg family members attending colleg d amounts of scholarships or aid | ent or guardian's last ge or graduate school ge or graduate schoo | Federal Income Tax Rein the fall of this comin | turng year, and the estimated to |
| 2. 3. 4. | Total number of e Number of other f cost for the other f Cost \$ List the names and | xemptions claimed on your pare amily members attending colleg | ent or guardian's last ge or graduate school ge or graduate schoo received by these fa | Federal Income Tax Retain the fall of this cominus in the fall of the fall of this cominus in the fall of this com | g year, and the estimated to |

| 7. | Estimate the cost of tuition, room and board for the college or graduate schools of your choice for the coming year. \$ | | | | |
|------------|--|--|--|--|--|
| 8. | List the names and amounts of other scholarships or aid to be received. | | | | |
| | | | | | |
| 9. | List the names and amounts of anticipated educational loans for the coming year. | | | | |
| <u>CON</u> | VICTIONS | | | | |
| 1. | Have you ever been convicted of any violation of the Vehicle and Traffic Law in the State of New York involving the use of alcohol, marijuana and /or controlled substances as defined in Section 229 of the Penal Law of the State of New York? | | | | |
| | Yes No | | | | |
| | If yes, give details. | | | | |
| 2. | Do you understand that any such conviction will result in the immediate revoking of your scholarship assistance under this agreement? | | | | |
| | Yes No | | | | |
| 3. | Do you understand that if you fail to diligently apply yourself to your studies; or if the selection committee decides for any reason that your financial assistance should be terminated, the decision of the committee is final? | | | | |
| | Yes No | | | | |
| | | | | | |

ESSAYS: (Must be typed and attached)

1. Write an essay outlining your vocational or professional goal and relate how your past, present and future activities make this goal possible to achieve.

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include copies of my U.S., State, or local income tax return. I also realize that if I don't give proof when asked, the student may not get the requested aid.

I understand that in order to be considered for the Scholarship, I must apply for all possible alternate forms of financial aid, and that if funded, any Scholarship money may be reduced by alternate financial aid.

I understand that if my application is incomplete, I will not be considered for this award.

I hereby authorize Walton Central School to furnish the Scholarship Committee with a copy of my high school transcript.

| | | Applicant |
|------|---|-----------------|
| | _ | |
| Date | | |
| | | |
| | | Parent/Guardian |