

THE FRATERNAL ORDER OF EAGLES

TIFFIN AERIE #402

AND

TIFFIN EAGLES AUXILIARY #402

OUTSTANDING YOUNG SCHOLAR AWARDS

HAROLD SHUFF MEMORIAL SCHOLARSHIP

TOM LYNCH MEMORIAL SCHOLARSHIP

DICK SHUFF MEMORIAL SCHOLARSHIP

SARAH WELTY MEMORIAL SCHOLARSHIP

THE FRATERNAL ORDER OF EAGLES, TIFFIN AERIE #402 AND TIFFIN EAGLES AUXILIARY #402 WILL BE OFFERING FOUR \$3,000.00 "OUTSTANDING YOUNG SCHOLAR AWARDS" ANNUALLY. THE SCHOLARSHIPS, PRESENTED IN MEMORY OF HAROLD SHUFF, TOM LYNCH, DICK SHUFF, AND SARAH WELTY, WILL BE DISTRIBUTED IN FOUR \$750.00 ANNUAL DISBURSEMENTS, PROVIDING THAT THE STUDENT MAINTAINS A 3.0 CUMULATIVE GRADE POINT AVERAGE. ALL APPLICANTS, EXCEPT THE SCHOLARSHIP WINNERS, WILL RECEIVE \$100 CASH AT THE AWARDS DINNER. THE SUCCESSFUL APPLICANTS WILL BE PRESENTED SCHOLARSHIPS. ALL APPLICATIONS WILL BE JUDGED ON THE BASIS OF PAST AND POTENTIAL ACADEMIC ACHIEVEMENT AND STUDENT INVOLVEMENT IN SCHOOL, COMMUNITY, AND CIVIC ORGANIZATIONS.

REQUIREMENTS

1. High school senior planning to further his/her development through higher education.
2. Son or daughter of F.O.E. Tiffin Aerie member or Auxiliary member. Parent must have been a member of the Tiffin Eagles or the Tiffin Eagles Auxiliary for a minimum of the last four years with dues paid up to January 1st of award year.
3. A copy of ACT or SAT scores (may be photocopied).
4. Two letters of recommendation (at least one from a teacher).
5. A completed application, including letters of recommendation, college entrance exam scores and official grade transcripts (including first semester grades from the Applicant's Senior year), shall be turned into the Eagles Lodge by April 21, 2017. Official grade transcripts shall be sealed. Late applications will not be considered.
6. Applicants may be requested for a personal interview.
7. Successful applicants must provide college grade transcripts as requested.
8. High school graduation photograph should be attached to the completed application.

STUDENT APPLICATION

PLEASE TYPE. Attach additional sheet if more space is required.

Name _____ Sex _____
(last) (first) (middle)

Home Address _____
(number and street)

City/State _____ Zip Code _____

Area Code/Telephone _____

Birthdate _____ Expected Graduation Date _____

Father's Name _____ Mother's Name _____

Address (if different from Applicant) _____

School _____

Location _____
(street/city/state/zip code)

Number in class _____ Rank in class _____

SCHOLASTIC ACTIVITIES

Honors and Awards (State year and nature of honor or awards):

Offices and Positions of Leadership (State name of organization, position and year):

Member of Organization (where no office was held) (State name of organization and year):

STUDENT APPLICATION (Cont'd)

EXTRA CURRICULAR (School Related)

Honors and Awards (State year and nature of honor or awards):

Offices and Positions of Leadership (State name of organization, position and year):

Member of Organization (where no office was held) (State name of organization and year):

COMMUNITY AND CIVIC (Non-School Related)

Honors and Awards (State year and nature of honor or awards):

Offices and Positions of Leadership (State name of organization, position and year):

Member of Organization (where no office was held) (State name of organization and year):

STUDENT APPLICATION (Cont'd)

ESSAY QUESTIONS

PLEASE TYPE. Each essay should be approximately 200 words in length (double spaced). Use additional paper if desired.

1. What are your career plans and goals for the future? How would this award help you?

2. The Fraternal Order of Eagles and Eagles Auxiliary are guided by Liberty, Truth, Justice and Equality. What significance do these values have to you and your plans for your future?

STUDENT APPLICATION (Cont'd)

I certify that all statements are correct, and agree all information will remain the property of The Fraternal Order of Eagles, Tiffin Aerie #402 and Tiffin Eagles Auxiliary #402 and I authorize the release of all requested information including reference checks.

Applicant Signature

Date

Signature of Parent/Member

Member No.

LETTER OF RECOMMENDATION

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Instructions: **PLEASE TYPE.** Please answer the questions below. (Use additional paper if desired.) Upon completion sign the bottom of this form, and transmit directly to the Eagles Lodge, no later than **April 21st**.

Applicant's name _____ School _____

1. What is your relationship to the applicant? For how long?
2. In your opinion, what qualifies this applicant for the Harold Shuff, Tom Lynch, Dick Shuff or Sarah Welty Scholarship?

Signature

Date

(print name, position and work phone)

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