

**No Pencil - Use Black Ink**

**Last Name**

**First Name**

## **AHS Foundation Administered Funds Scholarship Application- May Graduation**

Please check all scholarship awards for which you would like to be considered and return to the Alliance High School Guidance office by March 17, 2023. TWO SIDED COPIES – 7 PAGES TOTAL

<input type="checkbox"/> <i>AHS Foundation Scholarships</i>	<i>AHS Foundation Scholarship Committee</i>
<input type="checkbox"/> <i>John &amp; Roene Klusch Scholarships</i>	<i>AHS Foundation Scholarship Committee</i>
<input type="checkbox"/> <i>Ray and Eva Mae Reighart</i>	<i>AHS Foundation Scholarship Committee</i>
<input type="checkbox"/> <i>Beverly Robertson Yeagley Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Pursuing Education)</i>
<input type="checkbox"/> <i>F. Kermit Donaldson Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Participating in Music)</i>
<input type="checkbox"/> <i>Eugene Haidet Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Community Service)</i>
<input type="checkbox"/> <i>Byron &amp; Isabel Saffell Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Pursuing History/Political Science)</i>
<input type="checkbox"/> <i>Margaret Peach Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Accounting/Business)</i>
<input type="checkbox"/> <i>James Lear Memorial Scholarship</i>	<i>AHS Foundation Scholarship Committee</i>
<input type="checkbox"/> <i>Class of 1963 Scholarship</i>	<i>AHS Foundation Scholarship Committee</i>
<input type="checkbox"/> <i>Brett Streza Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(school participation, service, athletics)</i>
<input type="checkbox"/> <i>Baker Health Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Nursing/Medical)</i>
<input type="checkbox"/> <i>Vietnam Veteran Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Must have a relative of any war (complete and include form included with this packet; must obtain a DD 214 form for the relative listed)</i>
<input type="checkbox"/> <i>Furcolow Family Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Must participate in football)</i>
<input type="checkbox"/> <i>Donna Floyd Scholarship</i>	<i>AHS Foundation Scholarship Committee (Studying Trades)</i>
<input type="checkbox"/> <i>“Days of Glory” Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Participating in Music)</i>
<input type="checkbox"/> <i>Gary Andreani Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Attending University of Mount Union)</i>
<input type="checkbox"/> <i>Class of '68 Scholarship</i>	<i>AHS Foundation Scholarship Committee (Good Character)</i>
<input type="checkbox"/> <i>Coastal Pet/Stout Family Scholarship</i>	<i>AHS Foundation Scholarship Committee (Studying Trades)</i>
<input type="checkbox"/> <i>Class of 1965 Scholarship</i>	<i>AHS Foundation Scholarship Committee</i>
<input type="checkbox"/> <i>Rockhill PTO Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Must have attended Rockhill)</i>
<input type="checkbox"/> <i>Norman ‘Mac’ McLeod Memorial Scholarship</i>	<i>AHS Foundation Scholarship Committee</i>
<input type="checkbox"/> <i>Wilson Foundation Scholarship</i>	<i>AHS Foundation Scholarship Committee</i>
<input type="checkbox"/> <i>Cliff Trainer Memorial Scholarship</i>	<i>AHS Foundation Scholarship Committee</i> <i>(Need-based, one female and one male, athletics)</i>

___ <i>Teresa Pandin Skellett Memorial Scholarship</i>	<i>AHS Foundation Scholarship Committee (Education, Medicine)</i>
___ <i>Elayne Dunlap Pathfinder Scholarship</i>	<i>AHS Foundation Scholarship Committee (Minority male/female)</i>
___ <i>Sally Ailes Memorial Scholarship</i>	<i>AHS Foundation Scholarship Committee (3 yrs+ foreign language, pursuing education, community service)</i>
___ <i>Duane and Anita Wamsley Spirit Of Service Scholarship</i>	<i>AHS Foundation Scholarship Committee (community service)</i>
___ <i>Muriel Lloyd Phillips Music Scholarship</i>	<i>AHS Foundation Scholarship Committee (Pursuing or previously participating in music)</i>
___ <i>R.G. Hamrick Scholarship</i>	<i>Hamrick Committee</i>
___ <i>Edwin &amp; Ruth Gibson Scholarship</i>	<i>Gibson Committee (Basketball Player - Male/Female)</i>
___ <i>Madeline Montavon Wright Memorial Scholarship</i>	<i>AHS Math Department Committee*</i>

The following scholarships have a separate application and deadline that must be completed ***in addition*** to this application for AHS Foundation Scholarships. The following scholarships will be chosen by different committees. All requested documentation for each individual scholarship must be attached.

___ <i>Megan Adelman Scholarship Cross Country</i>	<i>AHS Athletic Dept. - 4 yr. letter - Senior *</i>
___ <i>Dorothea &amp; Owen McCoy Scholarship</i>	<i>McCoy Scholarship Committee* (Must have 5 years of Foreign Language)</i>
___ <i>Mel Knowlton Scholarship</i>	<i>AHS Athletic Department (Must be an athlete)</i>
___ <i>Pietrocola Family Scholarship</i>	<i>Pietrocola Family Scholarship Committee (Must be an active volunteer)</i>
___ <i>David R. and Irene Goldie Mainwaring</i>	<i>Mainwaring Scholarship Committee</i>
___ <i>Carli/Cowan Scholarship</i>	<i>AHS Math Department Committee (Pursuing math related field)</i>
___ <i>Utterback Family Scholarship</i>	<i>Utterback Scholarship Committee (Single parent home, financial need, 3.0 GPA)</i>
___ <i>Chris Penny Memorial</i>	<i>The Penny committee - 3.0 GPA, good character</i>

*\* If you are eligible for this application, the appropriate AHS Faculty member will personally give you this application.*

AHS Foundation Administered Funds Scholarship Application

**A. Student Information:**

Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Student Cell Phone:	Date of Birth:	Email:

**B. Family Information: Parent(s), Legal Guardians**

Name:	Name:
Relationship to Applicant:	Relationship to Applicant:
Occupation:	Occupation:
Annual Gross Income:	Annual Gross Income:
Marital Status: Married __ Separated __ Divorced __ Widowed __ Single __	
Additional Parental Information: (Please check all that apply) One or more parent is: Deceased __ Disabled __ Retired __	
Additional information (optional):	

**Siblings and/ or other dependents in the family**

Name	Age	Relationship	College or University if applicable

**C. College / University Information**

**List the schools to which you are applying (Must be accredited educational institution):**

1st Choice:	Applied: Yes / No
City/State	Accepted: Yes/No
Intended Major:	
Annual Tuition:	Room and Board:
2nd Choice:	Applied: Yes / No
City/State	Accepted: Yes/No
Intended Major:	
Annual Tuition:	Room and Board:
Other Fees:	Books:

**D. Academic Information**

My Class rank is: _____ out of _____	My four-year average will be approximately: <i>Based on weighted 5.0 scale</i> _____	
Circle Number of years at AHS, including this year: 1            2            3            4	ACT Score:	SAT Score:
If unusually high absence has occurred in the past two years, please explain:		

**D. Additional Information**

Please list any other scholarships that you have received and the amount awarded by any such scholarship:

Name of Scholarship	Amount Awarded	Annual or One-Time	Application Status (Intend to apply for, granted, denied)
	\$		
	\$		
	\$		

**INCLUDE THESE ATTACHMENTS:**

- 1. ACTIVITY LIST – FIND ON LAST PAGE OF APPLICATION: COMPUTER GENERATED IS APPRECIATED**
- 2. SHORT ESSAY STATING WHY YOU SHOULD BE SELECTED FOR SCHOLARSHIPS BY THE AHS SCHOLARSHIP COMMITTEE, INCLUDING YOUR FUTURE EMPLOYMENT GOALS: COMPUTER GENERATED IS APPRECIATED**
- 3. TWO TEACHER EVALUATIONS**
- 4. COPY OF YOUR TRANSCRIPT**

I hereby certify that the preceding application is true and accurate in all relevant aspects.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

VIETNAM VETERAN SCHOLARSHIP

APPLICANT: \_\_\_\_\_

AHS FOUNDATION  
MAY GRADUATION

**ITEMS REQUIRED FOR VIETNAM VETERANS SCHOLARSHIP APPLICATION:**

1. Copy of the related veteran's DD-214 form
2. Applicant's relationship to the veteran-----**PLEASE HIGHLIGHT OR CIRCLE ONE**

FATHER	MOTHER	BROTHER	SISTER
GRANDFATHER	GRANDMOTHER	UNCLE	AUNT
GREAT GRANDFATHER	GREAT GRANDMOTHER		
OTHER	_____		

3. Describe the veteran's service (example: 1942-1945 Navy Veteran)

\_\_\_\_\_

4. List other information you believe is significant about the Veteran:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTIVITY LIST – INCLUDE OFFICES HELD, OTHER LEADERSHIP ROLES

USE ADDITIONAL PAGES AS NEEDED

SCHOOL ACTIVITIES	COMMUNITY ACTIVITIES AND WORK
12 <sup>TH</sup> GRADE	
11 <sup>TH</sup> GRADE	
10 <sup>TH</sup> GRADE	
9 <sup>TH</sup> GRADE	