

CLARKSBURG HIGH SCHOOL ALUMNI ASSOCIATION SCHOLARSHIP TEACHER RECOMMENDATION FORM

STUDENT NAME: _____

Please evaluate the extent to which the student demonstrates the qualities listed below.

Circle the appropriate numbers.

Scale:	8-10 Superior	6-7 Good	4-5 Fair	1-3 Poor						
A. Originality of ideas.	10	9	8	7	6	5	4	3	2	1
B. Independent thought.	10	9	8	7	6	5	4	3	2	1
C. Intellectual curiosity.	10	9	8	7	6	5	4	3	2	1
D. Creativity.	10	9	8	7	6	5	4	3	2	1
E. Consistency of effort in studies.	10	9	8	7	6	5	4	3	2	1
F. Attitude toward other students.	10	9	8	7	6	5	4	3	2	1
G. Attitude toward teacher.	10	9	8	7	6	5	4	3	2	1

Please provide comments you think would be helpful to the selection committee members in considering this student's scholarship application, including how you would compare this student to others you have taught. (Use the back of this sheet, if necessary.)

Signature of Teacher

Date

Return this Form to the Adena High School or Pickaway-Ross Guidance Office.

CLARKSBURG HIGH SCHOOL ALUMNI ASSOCIATION SCHOLARSHIP GUIDELINES

- I. Selection of Recipient(s)
 - A. All applicants will complete and submit an Application Form including all attachments by the stated deadline. Interviews of applicants by Scholarship Committee members will be conducted as soon as possible after the stated deadline.
 - B. Applications will be reviewed by members of the Scholarship Committee. Criteria used to select recipients include: the student's GPA, teacher recommendations, student's application to and acceptance to a post-secondary program, ACT or SAT scores, financial need, attitude and desire for the scholarship, as well as goals and planning for post-secondary education.
 - C. The Committee will select award recipients. Awards will be presented at the Adena High School graduation ceremony or the Senior Awards event.
- II. Amount of Scholarship
 - A. The amount of each Scholarship award will be determined by the Committee, depending on the funds available.
 - B. Scholarship award checks will be made out to the Student and institution upon verification of the Student's enrollment in the secondary program. It is the Student's responsibility to

provide such verification to the Scholarship Committee.

- C.If the Scholarship award recipient does not claim his or her scholarship award by May 1st of the year following the award, the Student will forfeit the award, and those funds will remain in the Scholarship Fund until disbursed as directed by these Guidelines and Alumni Association Bi-Laws.

**CLARKSBURG HIGH SCHOOL
ALUMNI ASSOCIATION
SCHOLARSHIP APPLICATION**

Instructions: Please type or print your information for this application and return the completed form and attachments to the Adena High School Guidance Office or to the Pickaway-Ross Vocational School Guidance Office. Attach to this application the following documents:

1. Your High School Transcript. You are asked to bring an updated copy of your Transcript to the interview if the Transcript you provide with the application is not current at the time of the interview.
2. Two teacher's recommendations.
3. Your current resume.
4. A brief (200 words or less) essay on why you are applying and why you should be accepted for this scholarship award.
5. A recent photo.

Application Deadline: MAY 1st

Name of Student: _____

Student's Address: _____

Name of Parent(s) or Legal Guardian: _____

Current GPA: _____

Name of educational institution you plan to attend: _____

Course of study you will pursue: _____

Will you attend full-time or part-time? _____

Have you been accepted? _____

Projected annual tuition cost: _____

Will you have housing/room and board expenses? If so, what is the projected cost?

Are you a member of any school clubs or organizations? If so, please list them as well as any offices you held or currently hold (if not already included in your resume): _____

List your involvement in community organizations and recent service projects you have completed (if not already included in your resume): _____

I, the applying student, and I, the parent or legal guardian of the applying student, have read this Clarksburg High School Alumni Association Scholarship Application and all attachments. I/we hereby give my/our consent to the Clarksburg High School Alumni Association Scholarship Committee members to have access to this application and all attachments for the purpose of awarding scholarship(s). This form authorizes release only of the specified information to the Clarksburg High School Alumni Association Scholarship Committee members by the Adena High School Guidance Counselor or by the Pickaway-Ross Vocational School Guidance Counselor. It cannot be used to authorize a standing release of information. I/we execute this consent voluntarily and with full knowledge of its significance.

Signature of Student

Signature of Parent or Legal Guardian

Phone # _____

Phone # _____

Date signed: _____

Date signed: _____

Date submitted to the Guidance Office: _____

Guidance Counselor's initials _____

PLEASE RETAIN A COPY FOR YOUR RECORDS

Revised 1/2018