

APPLICATION FOR
THE WESTOVER COMMUNITY ASSOCIATION FRESHMAN SCHOLARSHIP
Application Deadline--March 15
(Please print or type all information clearly, attach extra sheets if needed)

Applicant Information

Last name First Middle Preferred

Street City State Zip Code

Phone Number Social Security Number Date of Birth (Mon-Day-Year)

Intended Major Today's Date (Mon-Day-Year)

Will you complete a Free Application for Federal Student Aid (FAFSA)? Yes ___ No ___

Parent(s) or Guardian(s) Name:

Last First Middle Initial

Last First Middle Initial

Activities Summary:

Follow the format described here (please do not attach a resume). On a separate piece of paper (typed) describe your academic and extracurricular activities using the following headings (please include dates for each item):

Academic honors/awards (National Honor Society, etc.)

Leadership experience (Student Gov't, FFA, 4-H, etc.)

Activities (Athletics, clubs, etc.)

Community service

Work experience

Other information you would like for us to know

With each activity list, give the dates you were involved and any leadership roles you had. Attach the activities sheet to this scholarship application.

Applications must be received by March 15, 2018 at The Westover Community Association

To be eligible for a scholarship, the applicant must:

1. At the time of application and award be a bona-fide resident of the west side of the Monongahela river for at least two years (ex. Westover side of the river).
2. The applicant must be legally attending a Monongalia County public high school.
3. Each applicant must submit a complete application packet for consideration.
4. An applicant must meet these scholastic minimums:
a 2.5 High School grade point average (unweighted), and
a test score of 20 or better on the ACT, or a test score of 860 or better on the SAT.
5. Be in need of financial assistance to meet educational expenses.
6. Accompany application with a letter describing the student's career goal, need for financial assistance and any other information the student would like considered as a part of the application. The letter must not exceed two hundred words.
7. Provide an official copy or signed copy of high school transcript.
8. Include Attachment 1 with two written recommendations from the applicant's instructors, employers, community leaders and/or clergy who are unrelated to the applicant and in a position to comment on his/her abilities, character, personality and commitment to education. Letters must be included as part of your application.
9. Accompany application with stamped, self-addressed, business size (#10) envelope.
10. **ALL MATERIALS MUST BE SUBMITTED UNFOLDED (FLAT) IN A 9X12 ENVELOPE.**
Note: Omission of any of the above information may eliminate your application from consideration.
11. Failure to Complete School Term

Our scholarship agreement will include a clause stating that if the scholarship recipient fails to complete a semester or prescribed term, any refund which is due will be made payable to The Westover Community Association.

Scholarship winners will be determined in April and will be notified in May. These \$1500.00 scholarships are for tuition, room and board, books and lab fees. One half of the award (\$750.00) will be mailed in August and the second half (\$750.00) in December of the first year directly to the recipient. The recipient shall also be awarded an honorary membership in the Westover Community Association for a period of two years.

APPLICATIONS MUST BE RECEIVED IN A 9X12 ENVELOPE (ALL MATERIALS TOGETHER) NO LATER THAN March 15, 2018 BY:

Westover Community Association
421 Sugar Lane
Rivesville, WV 26588

Student's letter, transcripts, letters of recommendation and envelope must all be submitted with the

application for consideration. THE ASSOCIATION CANNOT MATCH PIECES OF APPLICATIONS.

PERSONAL DATA

Name: _____

HOME ADDRESS: _____
PHONE: () _____

EDUCATION AND EMPLOYMENT DATA

PROGRAM OF STUDY: _____ RANK IN CLASS: _____
G.P.A.: _____ EXPECTED GRADUATION DATE: _____
ACT COMPOSITE SCORE: _____ SAT SCORE: _____
HIGH SCHOOL: _____

LIST SCHOOLS APPLIED TO AND ACCEPTED BY:

1. _____ 2. _____ 3. _____
Accepted ___ Pending ___ Accepted ___ Pending ___ Accepted ___ Pending ___

NAME AND PHONE NUMBER OF HIGH SCHOOL GUIDANCE COUNSELOR:

CURRENT OCCUPATION: _____ SS# _____

FAMILY & FINANCIAL STATUS:

CHECK APPROPRIATE LINES AND FILL IN INFORMATION ON APPLICABLE LINE:

___ Single, dependent ___ Single, independent ___ Married

Your current annual income: _____ If married, spouse's current annual income: _____

If single, dependent, parents' current annual income: _____ No. of dependents: _____

Ages of dependents in family: _____

Please attach a copy of your latest submittal or print-out of the Free Application for Federal Student Aid (FAFSA).

How did you learn about this scholarship opportunity? _____
I (we) hereby consent to the release of information from any of the above to The Westover Community Association.

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. Further, I hereby give my permission for The Westover Community Association or its designated representatives to contact my Financial Aid Officer, Guidance Counselor, or other Advisor at my school in which I am enrolled, have been previously enrolled or to which I have made application for the purpose of soliciting and obtaining information which may be necessary or helpful to The Association in understanding my academic career and financial needs in connection with the

processing of this application or for the purpose of auditing the use of scholarship funds received as a result of application made to The Westover Community Association Scholarship Program.

Signature: _____ Dated _____
Parent of legal guardian if applicant is listed as
dependent on Federal Tax Return

Signature: _____ Dated _____
Student

ATTACHMENT 1
THE WESTOVER COMMUNITY ASSOCIATION SCHOLARSHIP PROGRAM

The applicant must complete Sections 1 and 2 before forwarding the form to the respondent.

1. APPLICANT

Name _____
Last First Middle

SS# _____

The Association requires two recommendations from individuals who may provide pertinent information regarding your candidacy as a recipient of an award. Deliver forms to individuals who know you well enough to provide information requested. Include your signature on the line below if you wish to waive your rights under the Family Education Rights and Privacy Act of 1974.

2. WAIVER BY APPLICANT

I have asked _____ And _____ to complete this questionnaire. I understand my rights under the Family Educational Rights and Privacy Act of 1974 to examine letters received by you on my behalf. In order to encourage the author to write with candor, I waive the right of access under the aforesaid statute to any confidential statement the writer may submit. I understand the execution of the waiver is not a condition for the consideration of my application.

Applicant's signature Date: _____

Dear Respondent:

The above-named person is applying for a scholarship through The Westover Community Association Scholarship Program. As a part of that procedure, the applicant is required to have two letters of recommendation returned to The Westover Community Association as part of a total package. You may put your response in a sealed envelope with the student's name on it. **It must be returned to the student and submitted with the application.** All completed applications need to be received by March 15th.

Your information will assist The Westover Community Association in making important decisions. Please give us the benefit of your observations of the applicant based upon personal knowledge. Unless the rights afforded by the Family Educational Rights and Privacy Act of 1974 are waived by the applicant by the execution of the waiver above, The Association cannot assure the confidentiality of your comments.

ATTACHMENT II

APPLICANT'S NAME: _____

1. How long have you known the applicant and in what capacity?

2. Do you think the applicant has potential for leadership and a capacity for contribution to the community or school? Please explain.

3. Please give your candid evaluation of this applicant, including observations bearing upon the applicant's character and the quality of work habits.

4. Please provide any additional information you think would be helpful in our evaluation of this applicant. Unless the waiver of their "right of access" has been executed, The Association cannot assure the confidentiality of your comments.

Signature

Date

Address: _____

Title or position: _____

Additional data may be furnished by separate letter if desired.

(THIS FORM MAY BE DUPLICATED)