

Due, 5-4-18 Stolle Scholarship

I. SCHOLARSHIP APPLICATION

1. Name of applicant _____ Date _____
2. High school _____
3. Home street address _____
 City _____ State _____ Zip _____ Phone _____
4. Student's e-mail address _____
5. United States Citizen (check one) Yes _____ No _____

General Information

1. Father's Name _____ Check if deceased _____
2. Home address _____ Occupation _____
3. Mother's name _____ Check if deceased _____
4. Home address _____ Occupation _____
5. Do you have a Step-parent or Guardian other than your parents? _____
6. If so, what is their name and address? _____

7. List in chronological order the names of your brothers, sisters or other persons dependent upon your parents for support:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

College/University you plan to attend:

Name _____

Address _____

Have you been accepted? YES _____ NO _____

If yes, attach copy of acceptance letter.

Applicant's Financial Statement

The financial contribution of the applicant toward his own education is an important consideration in awarding this scholarship. The committee does not wish to penalize those students whose industry and careful planning have been a consideration in planning college attendance.

INCOME :

- 1. Savings to date \$ _____
 - 2. Expected summer earnings \$ _____
 - 3. Expected contribution from parents \$ _____
 - 4. Earnings from part-time work \$ _____
 - 5. Money from other sources: \$ _____
 Include gifts from friends, relatives,
 Education insurance, loans, other
 Scholarships, etc.
- TOTAL ESTIMATED INCOME \$ _____

EXPENDITURES :

- 1. Tuition and incidental fees \$ _____
 - 2. Board and room \$ _____
 - 3. Books and supplies \$ _____
 - 4. Clothing \$ _____
 - 5. Incidental expense (travel, recreation) \$ _____
- TOTAL ESTIMATED EXPENSES \$ _____

Explain any special personal family or financial situation you believe merits consideration:

II. Leadership Positions and Offices

List by name and by year (9, 10, 11, 12) leadership positions and offices held, and the approximate time commitment each month for school, church, community and volunteer activities.

Example:

Student council President (12; 2.7 hours/month) _____
Hospital volunteer (11, 12 ; 25 hours/month) _____
Yearbook editor (12; 35 hours/month) _____
Basketball captain (12; 5 hours/month) _____

III. Memberships

List by name and by year memberships and other participation and the approximate time commitment each month for school, church, community and volunteer activities.

Example:

Basketball (9, 10, 11; 35 hours/month) _____
Hospital volunteer (9, 10; 25 hours/month) _____
Cheerleader (11, 12; 20 hours/month) _____
4-H (9, 10, 11, 12; 8 hours/month) _____

IV. Honors and Awards

List by name and by year the honors and awards you have received during high school.

Example:

Hospital Volunteer of the Year (11) _____
County 4-H Leader (11) _____
Boys/Girls State (11) _____
National Merit Scholar (12) _____
National Honor Society (12) _____

V. Employment

List the names and addresses of employers, including family business or self-employment. Indicate whether part-time, summer, full-time, with the hours you worked.

VI. References

Include up to two letters of reference from educators, clergy, employers, and/or community leaders. Enclosed in sealed envelopes. Recommendation Forms attached.

VII. Transcript

A copy of your current high school transcript MUST be included.

VIII. Personal Statement

Write (type or print) a paragraph of 100 to 300 words, indicating your chosen field of college study. State your reasons for this choice. Included pertinent experiences, activities and accomplishments. This will be the final page of your application.

IX. Staple all sheets together, at the upper left hand corner.

X. School contact

Fill in the following information completely:

Clinton-Massie name of high school

2556 Lebanon Rd address of high school

Clarksville, OH 45713

Mr. Barrett Swope school principal's name

XI. SEND TO:

Counseling Office
by 10:00 am on
May 4, 2018

Page _____ of _____
(Last page of submittal)

PERSONAL STATEMENT

I certify that the facts contained in this scholarship application are true and correct. The Stille Scholarship is hereby authorized to verify any information contained in this application. I understand that any falsification or misrepresentation will result in disqualification.

Applicant's Signature _____ Date _____

Recommendation Form

Applicants Name _____

Recommendation by _____

Waiver Statement

I, the undersigned applicant, authorize the reference listed here to release any information to which they have knowledge and which is pertinent to my application for this scholarship and career assistance fund. I also release all parties from any and all liability for any damage that may result from this information.

Applicant Signature _____ Date _____

Recommendation

How long have you known this applicant? _____

What is the source of your acquaintance? _____

Please rate the applicant on the following characteristics.

Attribute	Superior	Above Average	Average	Needs Improvement
Takes Responsibility				
Makes Ethical Decisions				
Communicates Well Verbally				
Communicates Well in Writing				
Shows Initiative and Drive				
Works Well with Others				
Has Leadership Skills or Potential				
Dependable				
Punctual				
Honest				
Respectful of Others				
Creative				

Would you consider this person for employment? Why or why not? _____

Other Comments: _____

Reference Signature _____ Date _____

Thank you for your participation.

Recommendation Form

Applicants Name _____

Recommendation by _____

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Thank you for your participation.