

Licking Heights West PTO

Scholarship Application Packet

The Licking Heights West PTO is pleased to offer scholarship opportunities to three Licking Heights High School Seniors. C-TEC students are also eligible. Recipients must be graduating seniors in the Licking Heights Local School District who plan to continue their education at an accredited college, university, technical school, or trade school. Application packets can be printed from the Scholarship Information link on the West PTO Page at: <http://www.lhschools.org/Scholarship.aspx> or from the scholarship section of the Licking Heights Naviance page at: <https://connection.naviance.com/lhhs>. Application packets are due on Friday, March 23, 2018.

SCHOLARSHIP OPPORTUNITIES:

- **\$500** to be awarded to a student enrolled in the Licking Heights Local School District from Kindergarten through Grade Twelve. The applicant must meet all prerequisites as outlined below.
- **\$300** to be awarded to a student enrolled in the Licking Heights Local School District from Grade Six through Grade Twelve. The applicant must meet all prerequisites as outlined below.
- **\$200** to be awarded to a student enrolled in the Licking Heights Local School District from Grade Nine through Grade Twelve. The applicant must meet all prerequisites as outlined below.

PREREQUISITES FOR ALL APPLICANTS:

1. Applicants **MUST** be graduating from Licking Heights High School in May of 2018.
2. Applicants **MUST** have a minimum cumulative grade point average of 3.0 through seven semesters.
3. Applicants **MUST** complete a minimum of six (6) hours of community service with the Licking Heights West PTO during their senior year.
4. Applicants **MUST** submit all requirements and attachments, including required signatures, as one packet.
INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.
5. Applicants **MUST** submit their completed Scholarship Application Packet to the Licking Heights West PTO no later than 3:00pm on Friday, March 23, 2018. Application Packets may either be dropped off in person at the Licking Heights West Elementary Office or sent via inter-office mail. If submitting via inter-office mail, please be sure they are submitted prior to the deadline to ensure time for delivery.

QUESTIONS:

Please direct any questions/concerns regarding the Scholarship to lhwptoscholarship@gmail.com.

FOR PTO USE ONLY | UNIQUE STUDENT ID CODE | DO NOT USE NAME

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LICKING HEIGHTS WEST PTO | SCHOLARSHIP APPLICATION PACKET

DUE DATE: MARCH 23, 2018

Applicant Data (Please Print or Type)

Student's Legal Name:

_____	_____	_____
Last	First	Middle/Middle Initial

Permanent Mailing Address:

Street/PO Box

_____	_____	_____
City	State	Zip Code

Primary Contact Number: _____

Student Email Address: _____

Parent/Guardian Data

Primary Parent/Guardian:

_____	_____	_____
Last	First	Middle/Middle Initial

Relationship to Student

Address (if different):

Street/PO Box

_____	_____	_____
City	State	Zip Code

Primary Contact Number: _____

Primary Email Address: _____

College, Technical School, or Trade School Information

Name of post-secondary school you plan to attend. **Use official school names. Do not use abbreviations.**

If unknown, please list in order of preference the school to which you have applied

Name of School: _____

City in which School is located: _____ State: _____

Intended Major/Course of Study: _____

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Scholarship Type

Please indicate the Scholarship for which you are applying. Eligibility is based on enrollment in the District. You may be eligible for more than one scholarship if you have been in the district since Kindergarten.

Scholarship Eligibility Criteria

- ☐ **\$500** Student must have been enrolled in the Licking Heights Local School District from Kindergarten through Grade Twelve.
- ☐ **\$300** Student must have been enrolled in the Licking Heights Local School District from Grade Six through Grade Twelve.
- ☐ **\$200** Student must have been enrolled in the Licking Heights Local School District from Grade Nine through Grade Twelve.

Post-Graduation Plans

Briefly describe your plans after graduation (college, college program of study, trade school, extracurricular activities, etc.)

Educational Consideration

List any colleges/universities/trade schools you are considering and what they offer that makes them attractive to you:

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School Activities

List any school activities (clubs, activities, service organizations, etc.) in which you have participated in the chart below:

Name of club, activity, or service organization	Grades(s) of Participation (circle all that apply)				List any leadership role(s) held
	9th	10th	11th	12th	

Non-School Activities

List any non-school activities (community, religious, etc.) in which you have participated in the chart below:

Name of non-school activity	Length/Grade(s) of Participation	List any leadership role(s) held

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Honors/Awards

List all honors and/or awards you have received either in or out of high school in the chart below:

Name of Honor/Award	Description	Year Received

Employment History

Dates of Employment	Position/Place of Employment	Weekly Hours
Example: Sept '15 – Sept '17	Cashier/Target	15

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Character

List three words that describe you:

_____ , _____ , _____

In five sentences or less, write a general statement about your personal and academic strengths:

Essay

Please staple the essay to this packet. Do not include your name on the essay for purposes of objectivity.

As you write your essay from the topic listed below, please follow these guidelines:

- Written in paragraph form (limited to no more than 500 words)
- Typed and double-spaced
- Arial Font (size 10 or 12)
- Do not exceed two pages on 8 ½ x 11 paper
- Must be edited, reviewed, and initialed by an English teacher

Essay Topic

If you had the authority to change your school in a positive way, what specific changes would you make?

Essay Verification

I submit that I have edited and reviewed the student essay for: _____

English Teacher Name (Printed): _____

Signature: _____

Date of Review: _____

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Additional Information

- A selection committee, consisting of Licking Heights West PTO members, will review the application packets and will award recipients by majority vote.
- The selection committee has the final authority to select students and no reason shall be given as to non-selection of an educational award.
- The PTO Scholarship Committee will consider all criteria including academic ability, scholastic honors and awards, extracurricular activities in both school and community, and work experience.
- Scholarship money must be applied to tuition, books, and/or room and board, at an accredited college, university, technical, or trade school during the upcoming academic school year.
- The scholarship check will be made payable to the school for the recipient's account.
- If the scholarship recipient does not accept their scholarship or does not graduate, the scholarship will be awarded to another applicant chosen by the scholarship committee.
- Incomplete or late applications will **NOT** receive consideration

Recipient Notification

Award of scholarship is subject to recipient submitting verification of enrollment in an accredited institution for the upcoming school year. An award certificate will be presented at the Licking Heights Senior Awards Night.

Funding

Funds for this scholarship are raised and budgeted annually by Licking Heights West PTO.

Application Submission Requirements and Checklist

- ☐ Scholarship Application signed by applicant or parent/guardian if applicant is under age 18
- ☐ Scholarship Application Packet fully completed
- ☐ Current Transcripts of Grades (may be unofficial) through the 2nd grading period of Senior Year attached to the Scholarship Application Packet
- ☐ Essay attached to the Scholarship Application Packet
- ☐ Current copy of verified community service hours completed (PTO to verify against sign-in sheets from events)

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Certification

If applicant is under the age of 18, signature of a parent or guardian is required.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I give my permission for the contents of this application to be reviewed by the scholarship committee. I acknowledge that, upon submission, this application packet becomes the property of the Licking Heights West PTO.

Applicant Name (printed): _____

Applicant Signature: _____

Date: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

THANK YOU FOR APPLYING FOR THE LICKING HEIGHTS WEST PTO SCHOLARSHIP!