



The Ashland County Sports Hall of Fame Scholarship

The Board of Trustees on August 24, 1994, approved the establishment of the Ashland County Sports Hall of Fame Scholarship. The Scholarship was appropriately renamed the Bill Mills Scholarship. The Trustees wanted to honor Bill Mills since he was the “Founder of the Hall of Fame,” in 1982, with the first induction in 1984.

The scholarship is awarded each year to a qualified student/athletes in Ashland County. The purpose of the scholarship is to assist in deserving high school graduates to further their education. All resident Ashland County senior high school student/athletes are eligible to apply for the scholarship. A scholarship application form has been established by the scholarship committee, which evaluates all candidates and selects the award winners each spring.

Bill Mills and the Hall of Fame organization want to thank all of the past inductees, families of deceased inductees, and other supporters who have donated over \$35,000 to the scholarship fund.

If you wish to contribute to the Bill Mills Scholarship, please contact: Tom Herron, Ashland County Sports Hall of Fame, P.O. Box 731, Ashland, OH 44805.

3. FINANCIAL NEED

Total Family Income for previous calendar year (check one)

- less than \$20,000
- \$20,000 - \$35,000
- \$35,001 - \$50,000
- more than \$50,000

State your total projected expenses for the coming school year (tuition, room and board, books). \$ _____

Per cent parents will pay: _____

Do you expect to work while a student ?

- Part-time
- Full-time
- Summers
- Not at all

Will your earnings pay a portion of your educational expenses? _____

What per cent of educational expenses do you expect to pay? _____

Financial Aid sources for which you are applying: _____

Financial Aid sources you have received (state amount, too): _____

4. ACTIVITIES

School or class organizations, athletics (include offices held):

Non-school activities (church, hobbies, talents, organizations, offices):

Honors and awards received:

5. LIST ANY EMPLOYMENT EXPERIENCE:

6. STATE WHY YOU FEEL YOU SHOULD BE AWARDED THIS SCHOLARSHIP:

7. LIST THREE REFERENCES (TEACHER, MINISTER, ADULT FRIEND) ALONG WITH THEIR TELEPHONE NUMBERS:

8. WRITE A BRIEF PARAGRAPH GIVING YOUR REASONS FOR PREPARING FOR THE PROFESSION OR TRADE YOU HAVE CHOSEN. WHAT ARE YOUR CAREER GOALS? WHAT CONTRIBUTIONS DO YOU FEEL YOU CAN MAKE TO YOUR COMMUNITY?

9. PLEASE ENCLOSE A COPY OF YOUR RESUME AND TRANSCRIPT.

10. I UNDERSTAND THAT THIS SCHOLARSHIP WILL BE PAID ONLY UPON PROOF OF ENROLLMENT AT AN ACCREDITED COLLEGE OR UNIVERSITY FOR THE YEAR FOLLOWING MY GRADUATION FROM HIGH SCHOOL. I UNDERSTAND THAT IF I FAIL TO MEET THESE CONDITIONS, I WILL FORFEIT THIS SCHOLARSHIP AND MUST RETURN THE AWARD AMOUNT TO THE HALL OF FAME; IN ADDITION, I WILL FORFEIT ANY RIGHT FOR RE-CONSIDERATION AT A LATER DATE.

SIGNATURE OF APPLICANT

DATE

TELEPHONE NUMBER

DEADLINE FOR APPLICATION IS _____

(APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE CONSIDERED)