

ASHLAND COUNTY SPORTS HALL OF FAME

P.O. Box 731, Ashland, Ohio 44805

THE BILL MILLS STUDENT ATHLETE ENDOWED SCHOLARSHIP

INSTRUCTIONS: Please complete this application as thoroughly as possible. The application will be reviewed by the Ashland County Sports Hall of Fame Trustees. Selection of scholarship recipients is based on the following criteria: financial need, academics, athletics, activities/leadership (school and non-school), and personal references. Feel free to include any information that will bear on these selection criteria. You may attach additional sheets to convey that information. Responses must be readable; if not typed, please print legibly

TO BE ELIGIBLE YOU MUST RESIDE IN ASHLAND COUNTY.

NAME _____
LAST FIRST MIDDLE
PRESENT ADDRESS _____
STREET/ROAD CITY ZIP

1. FAMILY DATA

Name of Father _____ Occupation _____

Father's place of employment _____

Name of Mother _____ Occupation _____

Mother's place of employment _____

Check ONE of the following:

I live with _____ Both Parents _____ Father _____ Mother

List name, age and grade of brothers/sisters at home:

List name, year in school, and school of sisters/brothers in college:

What per cent of financial aid do parents give to them? _____

2. EDUCATIONAL PLANS

What area of study do you plan to pursue? _____

What college or institution do you plan to attend? (Give name and address)

Have you applied for admission to the above institution? _____

Have you been accepted? _____ Will you attend _____ Full-time? _____ Part-time?

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)