

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.

ASHLAND COUNTY SPORTS HALL OF FAME

P.O. Box 731, Ashland, Ohio 44805

THE BILL MILLS STUDENT ATHLETE 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.

NAI	MELAST				
PR	FSFNT	FIRST	MIDDLE		
	DRESSSTREET/ROAD	CITY	ZIP		
1.	FAMILY DATA				
	Name of Father	C	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 Fa	ther Mother		
		ers/sisters at home:			
	List name, year in school, and sch	ool of sisters/brothers in college:			
	What per cent of financial aid do pa	arents 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 accented?	Will you attend Full-time	e? 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)