

Bill Wheeler Legacy

SCHOLARSHIP APPLICATION FORM

The Bill Wheeler Legacy Scholarship Committee does not discriminate based on race, color, religion, sex, national origin, age, marital or veteran status, disabilities as defined by law, or any other legally protected status.

STUDENT INFORMATION

Name

Street Address

City, State, Zip Code

Phone Number

HIGH SCHOOL

Grade Point Average

COLLEGE/POST SECONDARY PLANS

What college/trade school will you be attending?

Expected Cost

Additional Expenses

Expected major or course of study

Career plans

What other financial assistance will you be receiving?

SCHOOL ACTIVITIES

Describe your duties and years involved. Use included space or an additional sheet or resumé as necessary.

ACTIVITY/HONORS YEARS INVOLVED AND DUTIES/RESPONSIBILITIES

Please describe briefly your reasons for seeking higher education and why you deserve this scholarship. (Include information concerning financial need and/or extenuating circumstances.)

COMMUNITY ACTIVITIES/COMMUNITY SERVICE HISTORY

Attach a community activities/service history, indicating any volunteer work you have done in the last three years. Include duties and responsibilities, and the average number of hours volunteered per week for each project. List any awards or recognition you received.

APPLICANT'S ESSAY/LETTER

In an accompanying essay/letter, briefly describe your educational and career goals.

In addition, please complete the following:

In 250 words or less, please write an essay explaining how you have shown integrity, a strong work ethic, and eternal optimism in the face of hardship. Please conclude with how you will follow in Mr. Wheeler's footsteps to demonstrate servant leadership in your community to honor and continue his legacy.

The essay shall be:

No more than two typed pages

Single side

Double spaced

Using a font in 10 or 12 point.

REFERENCE FORM

The attached reference form is to be completed by a teacher and returned to the counselor.

APPLICANT AUTHORIZATION

I certify that all statements contained herein are true and made in good faith. I understand that I am waiving the right for my parents and I to review the information provided by my reference(s). I understand that the selection of scholarship winners and the determination of the amount of the scholarship will be administered by the selection committee.

Applicant's Signature _____ Date _____

PARENT/GUARDIAN AUTHORIZATION

Name _____

Street Address _____

City/State/Zip Code _____

Phone Number _____

I authorize the release of this information and the participation of _____ in this application process.

Parent/Guardian Signature _____ Date _____

PRINCIPAL/COUNSELOR AUTHORIZATION

Name _____ Date _____

I have reviewed the application and certify that the information is correct, and to the best of my knowledge, the applicant has applied for admission to an accredited U.S. post-secondary institution.

Signature _____ Date _____

CHECKLIST

Please ensure the following are completed and/or enclosed:

<input type="checkbox"/> Student Information Section	<input type="checkbox"/> Applicant Letter
<input type="checkbox"/> High School Section	<input type="checkbox"/> High School Transcript
<input type="checkbox"/> School Activities Section	<input type="checkbox"/> Applicant Signature
<input type="checkbox"/> Parent/Guardian Signature	<input type="checkbox"/> Principal/Counselor Signature
<input type="checkbox"/> Community Service History	<input type="checkbox"/> Reference Form
<input type="checkbox"/> T250 word Essay on "Community"	

Winners will be notified at the Academic Awards Night. The committee's decision is final.