

Lisa Borchard Memorial Scholarship Application From

All material that is submitted must arrive in one package. Any material that is submitted separately will not be accepted. Incomplete applications will not be accepted; nor will any material be returned.

The selection 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.

Lisa Borchard Memorial Scholarship

The successful applicant for this scholarship must be entering into the field of education, special education, or a field that focuses on youth and education. This scholarship is in memory of Lisa Borchard, a former Webberville student and athlete, who dedicated her career to elementary and special education.

Student Name _____ Date of Birth _____

Address _____ Phone _____

Parent(s) Name(s)

What college will you be attending in the fall?

Briefly state your educational/career goals.

Clubs/Organizations in which you have been involved:

Awards/Honors you have received:

Signature _____ Date _____

SCHOOL ACTIVITIES

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

ACTIVITY/HONORS	YEARS INVOLVED AND DUTIES/RESPONSIBILITIES
Student Council	
Class Officer	
National Honor Society	
School Publications	
School-Related Clubs	
School Sports Teams	
Academic Honors	
Local/National Honors	
Other Honors	

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 _____

EMPLOYMENT HISTORY

Attach an employment history, indicating any jobs you have held outside the home for one month or longer during the last three years. Include duties and responsibilities, and the average number of hours worked per week for each job.

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 LETTER

In an accompanying letter, briefly describe your educational and career goals and describe, in your own words, why you are looking at going into the field of education and/or teaching youth or dealing with the youth in some form, what it would mean to you to obtain this scholarship, and describe yourself using THREE different adjectives that best describe who you are.

This letter should be directed to Lisa's Family.

The letter shall be:

No more than two typed pages

Single side

Double spaced

Using a font in 10 or 12 point.

REFERENCE FORM

Administrators and counselors will sign applications and attach transcripts upon submission of scholarship applications. Please have your teachers turn in the reference form directly to the counselor.

APPLICANT'S 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 _____

REFERENCE FORM

To be filled out by teacher or employer and returned to the counselor.

Student's Name _____ Date _____

Name of Reference _____

Position or Title _____

Relationship or Association with Student (Teacher or Employer)

Please evaluate this student by placing an X on the line that best describes your knowledge of this student and return to the student.

	Above Excellent <u>Leader</u>	Average <u>Contributor</u>	<u>Average</u>	Below Average Needs Improve- <u>ment</u>	Poor <u>Detractor</u>	Not <u>Observed</u>
Academic Performance	_____	_____	_____	_____	_____	_____
Work Performance	_____	_____	_____	_____	_____	_____
Is Honest	_____	_____	_____	_____	_____	_____
Takes Initiative	_____	_____	_____	_____	_____	_____
Is Cooperative	_____	_____	_____	_____	_____	_____
Has Positive Attitude	_____	_____	_____	_____	_____	_____
Uses Good Judgement	_____	_____	_____	_____	_____	_____
Takes Responsibility Is Dependable	_____	_____	_____	_____	_____	_____
Puts Forth Effort	_____	_____	_____	_____	_____	_____
Displays Perseverance	_____	_____	_____	_____	_____	_____

Please make any additional comments _____

Signature _____

CHECKLIST

Please ensure the following are completed and/or enclosed:

_____ Name Section

_____ Applicant Letter

_____ High School Section

_____ High School Transcript

_____ School Activities Section

_____ Applicant Signature

_____ Employment History

_____ Parent/Guardian Signature

_____ Community Service History

_____ Principal/Counselor Signature

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