

Big Dave Memorial Scholarship Information and Application

CRITERIA:

1. Applicant must be a graduating Perry County (NHS athletes will receive first consideration) senior athlete in the year of the award.
2. Applicant must be a registered student in a college or university for the coming academic year or be an accepted student in a comparable program as designated per the Award Component section.
3. Applicant must demonstrate scholastic achievement of a minimum 2.0 GPA.
4. Athletic participation demonstrating consistent improvement and dedication to the sport. A minimum of two (2) years at the varsity level must have been achieved.
5. Applicant must be a member in good standing of the senior class, the sport team and the community.

APPLICATION PROCESS: (APPLICANT MUST SUBMIT)

1. Completed typed application form (handwritten and/or incomplete applications **will not** be processed).
2. Letter of application addressed to the Scholarship Committee. The letter should contain a brief explanation of career goals and biographical (background) information.
3. One (1) letter of recommendation from the student's high school teacher, coach, or Athletic Director
4. A complete high school transcript with cumulative grade point averages and a class standing/rank.
5. The applicant should be prepared to meet the Scholarship trustees.

Deadline for application is May 1st of current school year. Applications postmarked after this date will not be considered.

Submit application packet to: The Big Dave Memorial Scholarship Fund, c/o High School Athletic Director.

*Should the chosen recipient(s) of the scholarship fail to attend an acceptable post-secondary institution in the following fall term, then the applicant who was judged as an alternate will receive the award if he or she has enrolled in an acceptable post-secondary institution. Proof of enrollment will be required. The scholarship will be awarded upon completion of the first semester at the post secondary school. A transcript mailed to the scholarship fund trustees or the athletic director of the high school and proof of continued enrollment in post- secondary education is required.

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Student Application

Please read this form carefully and answer each question completely. Your application will not be processed if all of the questions are not answered in full. Mark N/A for items not applicable. Your application must be typewritten.

PERSONAL DATA

Full Name _____

Address _____

Telephone # _____

City/State _____

Zip _____

Full Name and Address of Parents or Guardians:

Father _____

Mother _____

Guardian or _____

Foster Parent _____

Step-Parent(s) _____

(if applicable) _____

Local Newspaper _____

EDUCATIONAL INFORMATION

High School _____

High School Address _____

City

State

Zip

Do you enjoy learning? _____

Please note, this does not necessarily mean you "like" school!

Do you have a desire to improve your chances for lifelong success through education?

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Post - Secondary Plans

Where do you plan to attend post-secondary education? _____

Address of post-secondary institution _____

Have you currently applied for admission? _____ Are you accepted? _____

**** If accepted, please attach a copy of the letter of acceptance.**

Proposed major or area of study _____

Number of years required to reach your post-secondary educational goal (for instance: 2 or 4 yr. college?; 1 or 2 year certification)

If available, highest ACT or SAT score _____

ACTIVITIES/ORGANIZATIONS

Please list activities/organizations in school and outside of school. Indicate offices held, if any.

Applicant's Signature

Date