



LOCKPORT HIGH SCHOOL

# COMMON SCHOLARSHIP APPLICATION

2016

The Guidance Department, in cooperation with various local scholarship committees, has developed this Common Scholarship Application.

Please **CAREFULLY** read the accompanying Description and Eligibility Booklet **BEFORE** checking the scholarships for which you wish to be considered on the attached checklist. Indiscriminate checking of scholarships for which you are not qualified may result in your application being withdrawn from consideration.

**PLEASE NOTE:** When completing the application, you must **TYPE** or use **BLACK INK ONLY**. Please be sure that your responses are legible. Remember, quality work and neatness are essential, and will be taken into account by the donors. Please return your completed application, including any addenda, to your school counselor in the Guidance Office.

**The DEADLINE for returning your completed application is:**

**2:30 p.m. – Friday, January 8, 2016**

**NO EXCEPTIONS!**

**MRS. AMY SCAPELLITI**  
**Common Scholarship Chairperson**

## COMMON SCHOLARSHIP 2015/16

STUDENT NAME: \_\_\_\_\_  
(PLEASE PRINT)

**REQUIRED ESSAY - This general essay must be submitted for your application to be considered complete.**

On a separate sheet, please compose a **typewritten** essay explaining your educational objectives, reasons for your college and career choices, and reasons why you are deserving of scholarship support. **The essay must be double spaced and no longer than two pages.** Please type your name in the upper right corner of each sheet.

**LETTERS OF RECOMMENDATION - Three letters must be received for your application to be considered complete.**

Using the attached forms, obtain three letters of reference (do not include relatives or more than two faculty members). Please indicate below, the names of the persons whom you have chosen as references.

**Reminder - Ask EARLY to allow those you have chosen ample time to prepare your recommendation.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**If either the Required Essay or Letters of Recommendation (3) are not submitted along with this application, your application will be deemed incomplete and may not be reviewed.**

### AVAILABLE SCHOLARSHIPS

The following scholarships are available **without submitting additional information.** Please check all of those for which you would like to be considered.

- \_\_\_\_\_ Alpha Delta Kappa – Lorraine M. Brady Memorial Award (**GIRL ONLY – EDUCATION MAJOR**)
- \_\_\_\_\_ The Donna B. Conduct Memorial Scholarship (**EDUCATION MAJOR, COMMUNITY SVC. REQ.**)
- \_\_\_\_\_ Drs. Dick, Potempa and Riad Scholarship (**HEALTHCARE PROFESSION**)
- \_\_\_\_\_ LHS PTSA Outstanding Service Award (**MUST BE PTSA MEMBER**)
- \_\_\_\_\_ Lockport Lions' Club Community Participation Scholarship Award (**COMMUNITY SVC. REQ.**)
- \_\_\_\_\_ Lockport Little League Scholarship (**5+ YRS. LITTLE LEAGUE PARTICIPATION REQUIRED**)
- \_\_\_\_\_ Stephen D. Rycyna, M.D. Notre Dame Scholarship (**MUST ATTEND NOTRE DAME**)
- \_\_\_\_\_ The Fred M. Emerson & James Gronachan Memorial Scholarship (**AVIATION RELATED MAJOR**)
- \_\_\_\_\_ Edmund M. Evans Scholarship (**BOY ONLY**)
- \_\_\_\_\_ Anna Hayward Merritt Scholarship
- \_\_\_\_\_ Louis Scarselletta Memorial Scholarship (**ENGINEERING MAJOR**)

The scholarships in the following section **require additional information** – Please read each description carefully and check all of those for which you would like to be considered.

- \_\_\_\_\_ Barge Canal Optimist Club Scholarship  
1) **MUST SUBMIT ADDITIONAL ESSAY ON DONOR SPECIFIED TOPIC**
- \_\_\_\_\_ The Anjeannette Briones Memorial Scholarship (LCTV VOLUNTEER)  
1) **MUST SUBMIT ESSAY OF NEED PER DONOR – NOT STANDARD FINANCIAL STATEMENT**
- \_\_\_\_\_ Eugene F. Garlock Memorial Scholarship (CHILD/GRANDCHILD OF POST 410 MEMBER)  
1) **MUST SUBMIT ‘SPONSOR INFORMATION’ ADDENDUM (FOUND AT END OF THIS APPLICATION)**  
2) **MUST SUBMIT ADDITIONAL ESSAY ON DONOR SPECIFIED TOPIC**
- \_\_\_\_\_ Lockport Business Association Scholarship  
1) **MUST SUBMIT ADDITIONAL ESSAY ON DONOR SPECIFIED TOPIC**
- \_\_\_\_\_ Lockport Community Cable Commission Scholarship (COMMUNICATIONS MAJOR)  
1) **MUST SUBMIT ESSAY OF NEED PER DONOR – NOT STANDARD FINANCIAL STATEMENT**
- \_\_\_\_\_ Lockport Exchange Club Community Service Scholarship  
1) **MUST SUBMIT ADDITIONAL ESSAY ON DONOR SPECIFIED TOPIC**
- \_\_\_\_\_ The Lockport Lions’ Anna Grinova Memorial Scholarship  
(RECIPIENT MUST BE **SIGHT DISABLED** / OR PLAN ON A MAJOR INVOLVING WORK /w/ SIGHT DISABLED) AND  
MUST SUBMIT “SIGHT DISABILITY” ADDENDUM FOUND AT THE END OF THIS APPLICATION.
- \_\_\_\_\_ The Cynthia Van Mater Emerson Memorial Scholarship  
1) **MUST SUBMIT ADDITIONAL ESSAY ON DONOR SPECIFIED TOPIC**

The following scholarships require the **“Confidential Financial Statement”**. Please read each description carefully and check all of those for which you would like to be considered.

- \_\_\_\_\_ Briody Health Care Facility Long Term Care Memorial Schol. (HEALTH CAREERS MAJOR)  
- **CONFIDENTIAL FINANCIAL STATEMENT REQUIRED**
- \_\_\_\_\_ The Fred B. Case Memorial Scholarship (MATRICULATION AT EDINBORO COLLEGE PREFERRED)  
- **CONFIDENTIAL FINANCIAL STATEMENT REQUIRED**
- \_\_\_\_\_ Educational Excellence Scholarship in Memory of Ludwika Bredefeld  
- **CONFIDENTIAL FINANCIAL STATEMENT REQUIRED**
- \_\_\_\_\_ Lockport College Women’s Club Scholarship (GIRL ONLY)  
- **CONFIDENTIAL FINANCIAL STATEMENT REQUIRED**
- \_\_\_\_\_ Lockport Kiwanis Club Scholarship Award  
- **CONFIDENTIAL FINANCIAL STATEMENT REQUIRED**
- \_\_\_\_\_ Oddfellows and Rebekahs of New York State Scholarship  
- **CONFIDENTIAL FINANCIAL STATEMENT REQUIRED**
- \_\_\_\_\_ Thelma W. Pies Memorial Scholarship (GIRL ONLY – PUBLIC SVC / PREFERABLY EDUCATION MAJOR)  
- **CONFIDENTIAL FINANCIAL STATEMENT REQUIRED**
- Zonta Club of Lockport Scholarships (CONFIDENTIAL FINANCIAL STATEMENT REQUIRED FOR EACH):
- \_\_\_\_\_ Zonta Charter Member Memorial Scholarship (GIRL ONLY)
- \_\_\_\_\_ Zonta 4H Betty Hall Memorial Scholarship (GIRL ONLY – 4H PARTICIPATION)
- \_\_\_\_\_ Zonta Scholarship in Memory of Thelma Pies (GIRL ONLY – MUST ATTEND NCCC)

# LOCKPORT HIGH SCHOOL 2016 COMMON SCHOLARSHIP APPLICATION

SCHOLARSHIP NAME: \_\_\_\_\_  
(OFFICE USE ONLY)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SEC.# \_\_\_\_\_  
(optional)

Household/Family Information: All responses should pertain to the household in which the student resides. List all adults in the home residing with the student.

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
LAST FIRST M.I.  
Relationship to Student (CIRCLE) MOTHER FATHER STEP-MOTHER STEP-FATHER GRANDPARENT  
OTHER (please specify relationship) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
LAST FIRST M.I.  
Relationship to Student (CIRCLE) MOTHER FATHER STEP-MOTHER STEP-FATHER GRANDPARENT  
OTHER (please specify relationship) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
LAST FIRST M.I.  
Relationship to Student (CIRCLE) MOTHER FATHER STEP-MOTHER STEP-FATHER GRANDPARENT  
OTHER (please specify relationship) \_\_\_\_\_

Number of dependent children in household (including applicant) \_\_\_\_\_

Number of household members in college in 2016/2017 \_\_\_\_\_

Cumulative Weighted Average \_\_\_\_\_ Rank in Class \_\_\_\_\_ in a class numbering \_\_\_\_\_

SAT Critical Reading \_\_\_\_\_ SAT Math \_\_\_\_\_ ACT Composite \_\_\_\_\_

Intended Program of College Study \_\_\_\_\_

Career Goals \_\_\_\_\_

College(s) to which you have applied (please circle your preferred school) \_\_\_\_\_

Estimated yearly cost of preferred school \_\_\_\_\_  
(include tuition, room and board, books, fees and personal expenses)

School Related Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Athletic Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Activities and/or Volunteer Services \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors and/or Awards \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Talents and/or Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Employment (if applicable)

Name of Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Type of Position \_\_\_\_\_ Hours per Week \_\_\_\_\_

How much money will you have saved for college by September 2016? \_\_\_\_\_





## COMMON SCHOLARSHIP APPLICATION RECOMMENDATION FORM

RE: \_\_\_\_\_  
(NAME OF STUDENT REQUESTING RECOMMENDATION)

SCHOOL COUNSELOR: \_\_\_\_\_

Dear \_\_\_\_\_,  
(NAME OF PERSON COMPLETING RECOMMENDATION)

The above named student is applying for scholarship aid from local community organizations. Please provide a letter of recommendation for the candidate, assessing the student's personal and academic qualities. We are particularly interested in information pertaining to qualities such as character, maturity, independence, values and special talents. Please make note of the things about which the student is enthusiastic. We would like to know both strong and weak points. In your letter, include how long and in what capacity you have known the applicant.

Please place the completed recommendation in a sealed envelope and return to the student directly, or forward it to their high school counselor (listed above) at the following address:

Common Scholarship Application Processing  
Lockport High School Guidance Office  
250 Lincoln Avenue  
Lockport, NY 14094

ATTN: \_\_\_\_\_  
(NAME OF SCHOOL COUNSELOR LISTED ABOVE)

**PLEASE SUBMIT PRIOR TO JANUARY 8, 2016**



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ATTN: \_\_\_\_\_  
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**PLEASE SUBMIT PRIOR TO JANUARY 8, 2016**



**FINANCIAL STATEMENT (CONFIDENTIAL)**

**NAME OF APPLICANT** \_\_\_\_\_

Note to Parent or Guardian: Some scholarships have financial need as a prerequisite. In order for the committees to select the most suitable candidate, knowledge of the finances of the applicant and his/her family is necessary. It is requested, therefore, that you provide the committee with the information asked below.

**This Statement is OPTIONAL, however, if this page IS NOT COMPLETED, the applicant WILL NOT BE CONSIDERED for any scholarships requiring the financial statement. Please read each description carefully.**

1. Number of other children in the household/family:

Sex	Age	Living at home?	School or College Attending
_____	_____	_____	_____
_____	_____	_____	_____

2. If there are other family dependents, please attach a separate statement with approximate annual financial assistance provided to each.

3. Approximate gross annual income for household \$ \_\_\_\_\_

4. If both parents do not live in household, please list information below for parent living outside of home and attach a statement outlining any mandated/voluntary financial responsibility of parent to applicant.

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ GROSS ANNUAL INCOME \$ \_\_\_\_\_

**The answers to question numbers 5 - 9 are found on your current year's Federal Income Tax return.**

5. Marital status (circle one)    single    married    widowed    separated    divorced

6. Employer: If filing individual return – Self \_\_\_\_\_  
 If filing joint return – Husband \_\_\_\_\_    Wife \_\_\_\_\_

7. Wages or salaries (fill in below, where applicable)

from W-2 earnings:	husband \$ _____	wife \$ _____	self \$ _____
from 1099 statement:	husband \$ _____	wife \$ _____	self \$ _____
from Schedule C income:	husband \$ _____	wife \$ _____	self \$ _____

8. Interest and dividend income \$ \_\_\_\_\_

9. Adjusted gross income \$ \_\_\_\_\_ (from line 31, Fed. form 1040)

10. Please list any other funds available for applicant's education \$ \_\_\_\_\_

11. Maximum amount available annually from all sources \$ \_\_\_\_\_

12. Do you own your home or rent?                      Monthly mortgage pymt \$ \_\_\_\_\_  
 (CIRCLE PLEASE)                                      Monthly rent pymt        \$ \_\_\_\_\_

13. Do you own or lease an automobile?    Make \_\_\_\_\_ Year \_\_\_\_\_ Monthly pymt \$ \_\_\_\_\_  
 (CIRCLE PLEASE)                                      Make \_\_\_\_\_ Year \_\_\_\_\_ Monthly pymt \$ \_\_\_\_\_

14. Does student own or lease an auto?    Make \_\_\_\_\_ Year \_\_\_\_\_ Monthly pymt \$ \_\_\_\_\_  
 (CIRCLE PLEASE)

15. If there are any other factors, such as medical expenses, etc. not included in this questionnaire which would be of value to the committee in better understanding the applicant's financial situation, please submit on a separate sheet.

Signature \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Date \_\_\_\_\_

**REQUIRED ADDENDUM FOR:**

**EUGENE F. GARLOCK MEMORIAL SCHOLARSHIP  
AMERICAN LEGION B. LEO DOLAN POST 410**

**SPONSOR INFORMATION**

To be considered eligible, applicant must have a sponsor. The sponsor must be a “paid up” member of Post 410. The applicant must be the child or grandchild of their sponsor.

APPLICANT NAME: \_\_\_\_\_  
FIRST MI LAST

RELATIONSHIP TO SPONSOR: \_\_\_\_\_

**SPONSOR INFORMATION:**

NAME: \_\_\_\_\_  
FIRST MI LAST

HOME ADDRESS: \_\_\_\_\_  
NUMBER / STREET  
CITY STATE ZIP

TELEPHONE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

SPONSOR SIGNATURE: \_\_\_\_\_

**IMPORTANT REMINDER:**

In addition to this addendum form, the applicant is also required to submit a typewritten essay of 500 words or less on the topic:

**“WHAT A VETERAN MEANS TO ME”**

REQUIRED ADDENDUM FOR:

**THE LOCKPORT LIONS' ANNA GRINOVA  
MEMORIAL SCHOLARSHIP**

The Lockport Lions Club has set forth very specific eligibility requirements for this scholarship. Please carefully read the requirements below, place a check next to the criteria that you meet, and sign in the appropriate area.

\_\_\_\_\_ The student must be accepted into a two or four year college program and **submit medical proof of legal blindness.** To receive the award for the second and subsequent years of the scholarship, the student must provide proof to the Lions Club Scholarship Committee of a "B" or better average.

- OR -

\_\_\_\_\_ If the award will be given to a **non-sight disabled student**, he/she must be accepted into an **accredited two or four year college degree program for the purpose of studying a field associated with medical treatment of, education for, or occupational/physical therapy for the sight disabled.** To receive the award for the second and subsequent years of the scholarship, the student must provide proof to the Lions Club Scholarship Committee of a "B" or better average and continued enrollment in the relevant major.

**In signing below, I am confirming that I have carefully read the criteria listed above and am prepared to submit any necessary documentation. I also understand that my inability to meet the above criteria in any academic year will result in termination of the scholarship.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE