

# Tom Shontz Science Memorial

## Scholarship Application

DIRECTIONS: Complete the ENTIRE application and submit: a.) your resume;  
b.) two letters of recommendation for this scholarship: one from a high school teacher whom you have had, another from an individual in the community, **not a relative or a coach**, who knows you well and can attest to your qualifications and the probability of your success in a college environment; c.) your high school transcript (the guidance office will do this) d.) essay. Students with a GPA of 2.5 or higher in the Core Curriculum are eligible to apply.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's name, occupation, and place of employment:

Mother's name, occupation, and place of employment:

Check any who attended HHS:  Father  Mother  Grandparent

List other siblings currently enrolled in a college/university/technical school, where they are enrolled, and current year of their studies:

Have you been accepted at a college/university/trade school?  Yes  No

College/university/trade school where accepted and where scholarship would be used:

Name of college/ university/trade school \_\_\_\_\_

Address of Bursar's Office \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Program or course of study which you will be entering:

\_\_\_\_\_

List all extracurricular activities in which you have participated. Include athletics, school clubs, church, scouting programs, and any other community activities.

List any activities, honors, prizes, scholarship ratings, or any other recognition received while in high school. Include leadership positions held in school and community activities.

List any particular talents and abilities you may have in any particular field such as music, dramatics, writing, art, etc.

Essay: Please answer the following in your best essay form. We are interested in both the content and the written quality of your essay.

*“It is approximately ten years from now. Tell us about how you expect to be using whatever post-high school education you receive?”*

I understand that by submitting this application, I am granting permission to the scholarship selection committee of the Tom Shontz Science Memorial to review any necessary school academic records.

---

Applicant's Signature/Date

---

Parent/Guardian's Signature/Date