

Robert Warde Chambers Scholarship Application

- | | |
|---|---|
| _____ *Application
_____ *Application Letter/Essay by Student
_____ *One Community Reference
_____ *Transcript and Test Scores
_____ *Three Confidential Teacher
Recommendations | _____ *Brooks County High School Student
_____ *Minimum 2.5 Cumulative GPA
_____ *Applied to College, University
_____ *SAT or ACT Scores in School Record
_____ *Community Service |
|---|---|
- *These criteria must be documented and/or present in the application packet or the applicant will be disqualified.

Brooks County High School will make copies of this application and all supporting documents to distribute to members of the selection committee. The committee shall consist of the members of the Chambers Educational Scholarship Committee.

The confidential teacher recommendations shall be disbursed and collected by the guidance office and will not be available to the student or parent/guardian.

The completed application must be turned in to the guidance office by April 1st of the application year by 3:30 p.m.

I give permission for Brooks County High School to attach my transcript, test scores and confidential teacher recommendations to this application.

The Scholarship Committee will determine the recipients based upon information in the documents and interview.

If this student becomes a recipient of a scholarship, one-half will be disbursed upon receipt of proof of full-time registration (College schedule) for the first term. The second half will be disbursed upon receipt of the first term grades that must show that the student earned a minimum 2.5 GPA for college/university academic students, or 2.0 GPA for technical students.

Student signature _____ Date _____

Parent signature _____ Date _____

Submission of this application permits the student to be considered for a scholarship. A scholarship is not guaranteed. Meeting minimum requirements does not guarantee a scholarship. The Scholarship Committee will determine the recipients based upon information in the documentation and interview.

Scholarship Application

Name _____ Date _____

Date of Birth _____ Social Security Number _____

Home Address _____ Phone # _____

Parental Contact _____

Phone # _____ Employer _____

Do you plan to earn a: _____ Technical Diploma _____ Technical Certificate
_____ Two-year Associate _____ Four-year Bachelor

SAT Score Total _____ Verbal _____ Math _____ Writing _____

High School Cumulative GPA 7 semesters _____

Diploma Choice _____

Where do you plan to attend college/technical college? _____

Have you been accepted at this college/technical college? _____

Have you applied for scholarships at this college/technical college?

Check appropriate items: Commute _____ Resident _____
 Full time _____ Part time _____
 Day _____ Night _____

Your proposed Major field of study _____

Career Goal _____

Clubs, Teams, Organizations

Designate the year of membership: Freshman 1, Sophomore 2, Junior 3, Senior 4

Name	Offices Held
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Scholarship Application

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Name _____

Clubs, Teams, Organizations Continued:

_____	_____
_____	_____
_____	_____
_____	_____

Honors: List the honors that you have received during your high school career – designating what year each honor was received by 1, 2, 3, 4. (Do not list anything that has been previously recorded on this form.)

Community Service:

Give the name of the activity or a short description. Designate the year (1, 2, 3, 4) and the approximate number of hours served.

Application Letter/Essay: Submit a letter (one typed page) stating why you would like to receive a local scholarship. Include career plans and goals, financial restrictions, unusual circumstances, etc.

Employment: **Employer** _____

Position _____

How long employed _____

Previous employment _____

Applicant's Signature _____

**Robert Warde Chambers
Scholarship Application
Reference Request**

Student's Name _____

Please submit a letter outlining your opinions concerning the strengths and weaknesses of this applicant. Subject matter should be directed to the area in which you have had the most exposure with the applicant.

Student needs to collect the recommendation by _____
Date

**Robert Warde Chambers
Scholarship Application
Confidential Teacher Recommendation**

Date _____

Dear _____

Teacher's name

_____ has applied for a scholarship.
Your help in the evaluation of this student will be appreciated. The information you provide will be treated as highly confidential. Return this form directly to one of the counselors.

***Return to counselor by _____

Deadline date

Check the appropriate columns:

	Outstanding	Excellent	Above Average	Average	Below Average
Character					
Attitude					
Punctuality					
Personality					
Academic Abilities					
Attendance Record					
Initiative/Motivation					
Overall					

Comments:

Signed _____

Position _____

**Robert Warde Chambers
Scholarship Application**

Confidential Teacher Recommendation

Each applicant is required to have three (3) confidential teacher recommendations completed by the deadline.

At the time the applicant receives the application package, the applicant will submit the names of three (3) faculty members to the guidance counselor.

The counselor will distribute and collect the recommendation forms from the faculty.

Student name _____

Date _____

Three BCHS faculty names

