**It is the STUDENT’S responsibility to ensure that the application is complete!**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





**AXA Advisors Scholarship**

**Deadline February 1, 2016**

**3:30 pm at Counseling Center**

**Description of Scholarship**: This scholarship will be awarded to **two** ambitious and goal oriented graduating seniors (one from Elkhorn High School and one from Elkhorn South High School) in recognition of their school and community accomplishments. Applicants demonstrate respect for self and community by their ability to maintain a drug-free and alcohol-free lifestyle.

**Scholarship Value**: To be determined.

**Requirements**:

* Applicants must attend either Elkhorn High School or Elkhorn South High School.
* Applicants must rank in the top 20% of their class.
* Applicants must lead a Christian, drug-free and alcohol-free lifestyle.
* Applicants must provide **one** letter of recommendation from a teacher, pastor, adult mentor or employer.
* Scholarship recipients must enroll at a four-year accredited college or university.
* This application **MUST BE TYPED** or completed by word processor. The student’s name should be on each page of the application. Please review application’s questions carefully- not all applications are the same!
* All accompanying essays **MUST BE TYPED** and include the student’s name, title of the essay and title of the scholarship in the right hand corner on each page of the essay.
* Only applications received by the Counseling Center on or before 3:30pm on February 1st will be reviewed and forwarded to the respective scholarship selection committee for consideration. **Any incomplete applications or applications that do not meet the requirements will be rejected.**
* Transcripts will be attached to the application by the high school counseling department.

**Application Questions**:

Name Today’s date

Address Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cum. GPA & Class Rank (7th Semester) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACT Composite

College Choice(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarships Awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vocational Plans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List school activities in which you have been involved, and the years of involvement.
2. List awards received indicating the year received (honor roll, academic letter, student of the month, most improved, etc.).
3. List any offices or leadership positions you have held since entering high school. Indicate the year in which you held each office.

1. List your involvement in the community including employment, non-school organizations, church, etc. Include years of involvement for each.
2. **Letter of Recommendation**: Please provide **one** letter of recommendation from a teacher, pastor, adult mentor or employer.
3. **Essay Question #1:** In 400 words or less, please describe how making the decision to be drug-free/alcohol-free has impacted your life as a student. Include the challenges, how it helped you to discover your strengths/weaknesses, and how it helped you grow as an individual. (Separately attach **typed** essay to this application).
4. **Essay Question #2:** In 500 words or less, please describe an activity, an honor, or a position that has meant the most to you. Include such details as how it has helped you to discover your strengths/weaknesses, and how it has helped you grow as an individual. (Separately attach **typed** essay to this application).

The information contained in this application is accurate to my knowledge. I authorize the scholarship selection committee to validate accordingly.

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Applicant’s Signature Printed Name

To the best of our knowledge, the applicant has maintained a drug-free and alcohol-free lifestyle.

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Applicant’s Parent/Guardian’s Signature Printed Name

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

Teacher, Pastor, Adult Mentor or Employer’s Signature Printed Name