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

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





**pARTners Scholarship**

**Deadline February 1, 2016**

**3:30 pm at Counseling Center**

**Description of Scholarship**: This scholarship will be awarded to one male and one female graduating senior from Elkhorn High School who has participated in at least one of the pARTners supported programs (drama, speech or vocal music) for a minimum of three years at Elkhorn High School.

**Scholarship Value**: $500.00 scholarship paid in the year awarded.

**Requirements**:

* Applicants must attend Elkhorn High School and have participated in at least one of the pARTners supported programs (drama, speech or vocal music) for a minimum of three years at Elkhorn High School.
* Applicants must have maintained a minimum GPA of 3.0 in high school.
* Applicants must be involved in at least one other school or community activity including but not limited to the following: volunteer service, show choir, musical, one act, sports, student government, cheerleading, dance team, Quiz Bowl, band, choir (outside of school), etc.
* Applicants must provide **one** letter of recommendation (see details below).
* A parent/guardian must sign the application attesting to the applicant’s drug-free and alcohol-free lifestyle.
* Scholarship recipients must enroll at a two-year or four-year college of 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 \_\_\_\_\_ Todays date

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

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

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

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

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

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

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

* List your involvement in the community including employment, non-school organizations, church, etc. Include years of involvement for each.
* **Letter of Recommendation**: Please provide **one** letter of recommendation from a teacher, employer, coach or pastor (non-family member).
* **Essay Question #1:** In 500 words or less, please describe how your involvement in the ARTS has impacted your life. (Separately attach **typed** essay to this application).
* **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.

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

Applicant Signature Date

I am attesting to the fact that the applicant leads an alcohol-free and drug-free lifestyle.

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

Applicant’s Parent/Guardian’s Signature Date