

APPLICATION FOR ADA HIGH SCHOOL LOCAL SCHOLARSHIPS

Completion of this application will qualify students for consideration for one or more of the following scholarships:

Ada Academic Boosters Scholarship – additional essay required

Ada HS Foundation Century Society Scholarships

Robert T. Sperling Math Scholarship – preference for math based career

Ronald R. McVicker Memorial Scholarship – field of music

Myra Traxler Memorial Scholarship – for education majors

Ty Michael Memorial Scholarship – for golfers – additional essay required

Ada Technologies Inc Scholarship

1. Name _____

Home Address _____
Street City State Zip

Telephone # _____ Date of Birth _____

2. Academic Data: High School Class Rank _____ Out of _____ GPA _____

ACT Composite Score _____ SAT Combined Score _____

3. Activities / Service / Leadership: Please list significant activities, service endeavors, and leadership positions held while in high school. (Include grade level at time of the activity.) You may include activities in both school and/or community. Please attach a separate sheet if necessary.

4. Briefly describe your education and career goals. (Please indicate your **college major**.)

5. Detail how you plan to pay for your education costs.

6. Please provide the names of two references (as to character and suitability to receive this scholarship) with this completed application. Attach a check sheet for each reference.

Name of Reference

Relationship of Reference

Name of Reference

Relationship of Reference

7. **If applying for the Ada Academic Boosters Scholarship**, please answer the following question on a separate sheet of paper (no minimum number of words, just answer the question completely): “If you were the academic booster president, what program would you like to see implemented and how would you do it?”

8. **If applying for the Ty Michael Memorial scholarship** (golfers), please answer the following question on a separate sheet of paper: “Golf reveals character, not builds it.”

The undersigned hereby applies for the scholarships and agrees that if chosen to receive a scholarship, will apply the awarded funds toward education costs incurred during the coming school year. Furthermore, Ada High School reserves the right to verify any information provided in support of this application.

Applicant’s Signature

This application must be returned to the Ada High School Guidance Office no later than **April 1st**.

RECOMMENDATION FOR ADA HIGH SCHOOL LOCAL SCHOLARSHIPS

1. To be completed by student.

Name _____ Social Security # _____

Home Address _____
Street
City
State
Zip

Telephone # _____ Date of Birth _____

2. To be completed by reference.

EVALUATION							
Compared to other college-bound students evaluate by a check the academic skills and potential of this student.							
	No	Below	Average	Above	Well Above	Excellent	One of the top
	Basis	Average		Average	Average	(top 10%)	few encountered
							in my career.
Creative, Original thought							
Motivation							
Independent, initiative							
Potential for growth							
Potential for success at college							
Summary evaluation							

What are the first words that come to mind to describe the applicant? _____

How many years have you known the applicant? _____

What is your relationship with the applicant? _____

Signature of Reference _____

Name of Reference (Please print) _____

Address _____

Phone _____

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