



## Annual Grant Request for Academic Excellence Scholarship Recipients

Student name: \_\_\_\_\_

High school graduation year: \_\_\_\_\_

College or University: \_\_\_\_\_

Grant request \$: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

- Proof of enrollment attached\*
- Copy of transcript attached
- Activities and Reflection attached (only requested after your Freshman year)
- Your signature and address on Page 2

\*Proof of enrollment can include any of the following:

1. Personal course schedule printed from college / university website
2. Unofficial transcript listing current courses
3. Evidence of tuition payment for current semester



**Activities and Reflection**

- **Activities.** Please list and describe activities that keep you busy. These can be related to school, community or employment.
- **Personal Reflection.** Consider your post-secondary experience as it relates to what you expected as a graduating high school senior. What has surprised you? Have you changed majors or career plans? Have you struggled with coursework? How is college life outside of the classroom? What makes you most proud at this stage of your post-secondary education? Please respond the manner you would for a school assignment, but feel free to let your personality lead the way!

**Agreement**

In submitting this application, I understand and agree to the following:

- Submissions are reviewed and award recommendations are made based upon the information provided, but ultimate distribution of scholarship funds are contingent upon the selected recipient meeting all criteria elements of the opportunity.
- Additional verification may be performed to confirm eligibility.
- Scholarship funds are intended to support the cost of attending an approved college or university. Scholarship dollars applied toward non-exempt expenses (i.e., other than tuition, room, and board) may create a taxable event for the recipient.
- Information provided as part of this application (excluding personal family, financial, and other confidential details) may be used by BHS and BHS Scholarship Fund Inc. for purposes of promoting the scholarship.
- All information submitted within this application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Note: Please return completed pages 1 and 2 of this application along with attachments as necessary.

Remit to: Natasha Shilling, Guidance Counselor, Barnesville High School, 910 Shamrock Drive, Barnesville, OH 43713. e-mail: natasha.shilling@bevsvd.org