



LAWTON FAMILY SCHOLARSHIP FUND 2018/2019 Scholarship Application

PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE INITIAL

Mailing Address _____

City _____ State _____ ZIP _____

Email Address (required) _____

Parent/Guardian Phone (Home) (_____) _____ (Mobile) (_____) _____

Date of Birth _____ Place of Birth _____
Month Day Year City, State or Country

CITIZENSHIP

Are you currently an American Citizen? Yes NO Citizen of Greene County? Yes NO
NOTE: (Legal permanent resident status does NOT qualify. Applicant MUST be a citizen on the date the application is signed.)

If you were not born an American Citizen, but are a Naturalized American Citizen, give date, place (Office or Court where Naturalization occurred) and Naturalization Number. If naturalized under the Child Citizenship Act of 2000, please include your parent(s) naturalization information.

Date _____ Place _____ Number _____

If you were not born in the United States, but are a citizen by birth, explain circumstances. _____

ELIGIBILITY CRITERIA

I am a graduating high school senior currently enrolled at (please check one) ___ GCHS ___ LOA ___ NGA

Previous or current enrollment in ATLAS After School Program Greene Co. Christian Learning Center HOPE course offered through ATLAS at school

Prospective recipients must be planning to enroll **full-time** in the upcoming academic year at **either** an accredited two- or four-year degree-granting institution in the United States **or** a certified and applicable job training program.

Indicate either:
College you plan to attend: _____ Degree: _____

Job Training program you plan to enter: _____ Company: _____

Pathway Completed: _____ Certification(s) earned: _____

Career plans at this time: _____



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WORK EXPERIENCE

List jobs you have held between September 1, 2015 and now, starting with the most recent. Include any jobs or work-based learning/apprenticeships, even if you were not paid. If necessary, attach a separate sheet. **List the average hours worked per week.** Complete this section even if you plan to attach an activity sheet or resume.

Employer	Job/ Position	Related to Career Goals?	Work-based Learning/ Apprenticeship?	Approx. Dates	Average Hours per Week
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		

COMMUNITY SERVICE

List community service you performed between September 1, 2015 and now, starting with the most recent. If necessary, attach a separate sheet structured identically to this section. **List the total hours for each opportunity.** Complete this section even if you plan to attach an activity sheet or resume.

Business, Company, or Event (Ex: Boys & Girls Club; Southland Jubilee; Church celebration)	Specific Service or Type of Work (Ex: worked at a booth; led a group in an activity; tutored students, etc.)	Approximate Dates of Service Work	Total Hours Served



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HONORS, AWARDS, CERTIFICATIONS

List scholastic, extracurricular, and civic/community honors and awards received during grades 9 through 12. Check the grade in which the honor/award was received; state the name of the honor/award; and check the level of recognition. **Please write the full name of the award or certification (do not use abbreviations).** Include a brief description of each award or certification on a separate sheet of paper. Complete this section even if you plan to attach an activity sheet or resume.

Grade Level				Honor/Award/Certifications	Level of Recognition				
9	10	11	12		School	State/ Regional	National	Inter- National	Career Specific
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEADERSHIP AND EXTRACURRICULAR ACTIVITIES

List your **principal** leadership roles and extracurricular activities, **in the order of importance to you.** State the name of the organization, years involved, hours-per-week commitment, leadership role, and responsibilities held in that role. Examples include, but are not limited to, student government, publications, debate, orchestra/band, varsity athletics, church groups, performing arts, clubs, service programs, etc. Complete this section even if you plan to attach an activity sheet or resume.

Activity	Grade Level				Hours/Week	Positions Held/Honors Received/Letters Earned
	9	10	11	12		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



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FINANCIAL INFORMATION

Parent/Guardian(s): Complete the financial information section based on you 2017 IRS 1040. Should the applicant become a finalist, a copy of the applicant's 2017 *Student Aid Report* may be required. Visit www.fafsa.ed.gov for more information.

If parents are divorced or separated, answer the questions for the parent the applicant lived with the most in the past 12 months. If the applicant lived with both parents an equal number of days in the past 12 months, count the parent who provided the greatest amount of support, financial as well as material. Material support includes cars, clothing, medical and dental payments, etc. If that parent has remarried, the stepparent's information must be included.

If the divorce or separation occurred within the past five years and the custodial parent has not remarried, provide financial information of the non-custodial parent. If whereabouts of the non-custodial parent are unknown or the non-custodial parent is unwilling to comply, please explain in a separate statement.

Father's Name _____ Age _____ Occupation _____

Mother's Name _____ Age _____ Occupation _____

Stepfather's Name _____ Age _____ Occupation _____

Stepmother's Name _____ Age _____ Occupation _____

Custodial Parent's marital status as of today (choose one)

Mother: Married Single Widowed Separated* Divorced* Remarried*

Father: Married Single Widowed Separated* Divorced* Remarried*

With whom does applicant make his or her permanent home? Mother Father Both Other _____

Date of divorce or separation _____

*For details, see the instructions above

**Include stepparent's income in the appropriate section and read instructions concerning custodial parent.

A. Number of people in family, not including parents, who will receive the majority of parental support between Sept 1, 2018, and Aug 31, 2019. Include dependent children and others, e.g. dependent grandchildren, living in household who receive more than half their support from parents. _____

B. Name(s) and age(s) of dependent(s). _____

C. Number of dependent children, including applicant, as defined above, attending college during academic year 2018-2019 on at least a half-time bases. _____

D. Based on your 2017 IRS 1040, indicate the custodial parent(s) adjusted gross income. Round the adjusted gross income to the nearest \$100. \$ _____

If you have extenuating financial circumstances, please explain in 200 words or less on an attached sheet of paper.



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Applicant: Fill out your name and give this page to your counselor or appropriate school official. Your counselor may complete this section before you are finished with the application, but this page must be in a sealed envelope with the counselor's signature across the seal.

Applicant Name _____
Last First Middle Initial

Pathway: _____ **Certifications earned?** Y N

Counselor: This form will be used to verify the applicant's academic status; accurate information is critical. Please include a copy of your school profile if available, and answer all of the following questions, even if the information is included in the profile. If your school has a policy of not ranking students, provide information to help us identify promising applicants.

If you have additional information about this student that you think would be helpful to know, please explain on a separate piece of paper and attach it to this page.

Please secure these items in a sealed envelope, sign across the seal, and give to the student to include with the application. ATLAS Ministry will not return this form to the applicant.

Applicant's grade point average (GPA) (A = 4.0) _____ Highest GPA in the graduating class _____

Is the GPA based on weighted grades? YES NO

Class rank: The applicant ranks _____ in a class of _____. How many students have this rank? _____

How many rank above? _____ Is the rank based on weighted grades? YES NO

If exact rank is not available, indicate rank to the nearest 10th from the top _____.

TEST SCORES (use highest available)

ACT: _____ **Date Taken** _____

SAT: Critical Reading _____ Math _____ Writing _____ **Date Taken** _____

ACCUPLACER Test: _____ **Date Taken:** _____

Are **honors** courses available? YES NO Are **Advanced Placement (AP)** courses available? YES NO

If yes, in which subjects has the applicant taken AP courses? _____

Are **International Baccalaureate (IB)** courses available? YES NO

If yes, in which subjects has the applicant taken IB courses? _____

How would you describe this applicant's academic program compared with that of other students applying for scholarships? Below Average Average Above Average Rigorous More Rigorous

Is there a community service requirement to graduate? YES NO If yes, how many hours? _____

Has the applicant ever been suspended or dismissed from your school? YES NO If yes, please explain the circumstances on a separate sheet of paper and attach to this page.

Name (Please print) _____ **Position** _____ **School Phone** _____

School Email _____ **Length of time acquainted with applicant** _____

Signature _____ **Date** _____

Place completed Counselor Report in sealed envelope, sign across the seal, and return to student.

Application Deadline: February 8, 2019



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ESSAY

On a separate sheet of paper, prepare a typed essay of no more than 500 words on the following topic. The essay must be dated and signed.

Using one of the **leadership roles, extracurricular activities, or class experiences** you prioritized as being important to you, describe the following: the impact the experience had on you; what you contributed to the role, activity, or experience; what you learned about yourself; and, how it has influenced your plans for the future.

LETTERS OF RECOMMENDATION

As part of this application, you are required to submit two (2) letters of recommendation. At least one of these letters must be from a current or former teacher. Consider a teacher related to your career field or one that knows about you and your work. Recommendation letters *may not* be from a relative. These letters should be included with your application. *The application will be considered incomplete without these letters and therefore not eligible for consideration.*

SIGNATURES

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. If you purposely give false or misleading information, you will be disqualified from this process. You agree to the use of your name and information contained within the application for advertising, promotional and publicity purposes without consent or compensation.

Date _____ Signed by _____
(Student)

Date _____ Signed by _____
(Parent or Legal Guardian)

Date _____ Signed by _____
(Parent or Legal Guardian)

APPLICATION DEADLINE: FEBRUARY 8, 2019