

The Warren, Mary & Debbie Bennett Scholarship Fund

The Warren, Mary & Debbie Bennett Scholarship Fund was established with contributions from members of the Bennett Family to support post-secondary educational opportunities for area students, with preference given to students who are current, baptized members of a Church of Christ located in the tri-state area. For the purposes of this scholarship, this is defined as areas of West Virginia, Ohio and Pennsylvania generally considered to be located within a reasonable distance from Weirton, WV.

This is a \$2,000 one-time scholarship and the number of awards given can vary from year to year.

Application Deadline: February 21, 2020

Application Guidelines – Carefully read this page to ensure your application is complete.

Please complete the application as presented. Do not include materials that are not requested.

Eligibility Requirements:

- Student must be a graduating high school senior or enrolled college student pursuing undergraduate studies with a minimum cumulative GPA of 2.0
- Student must plan to attend a two-year or four-year college, trade school or certificate program
- If applicable, affiliation/participation with a tri-state Church of Christ must be verified by a letter of recommendation written by a representative of the applicant's church

Checklist:

- Activities Form** – Please use the included form to provide information on Extracurricular Activities, Awards and Honors, Community and Volunteer Activities, and Work Experience.
Do not attach resumes or other similar documents.
- Letter of Recommendation** – Ask evaluator to complete form and return to you in a sealed envelope with evaluator's signature. Include the recommendation with all other application materials.
- Academic Certification Form** – Have appropriate school official complete form and return it with other application materials.
- Personal Essay** – Please attach a personal essay.

Mailing Address/Office Location:

CFOV

1226 Chapline Street

Wheeling, WV 26003

****mailed applications must be received by February 21****

Application Form: The Warren, Mary & Debbie Bennett Scholarship

PERSONAL INFORMATION

Name: _____

Permanent Address: _____

Street or PO Box

City

State

Zip

In which county do you live? _____ U.S. Resident? Yes No

Date of Birth: ____/____/____

Telephone: Day (____) ____-____ Evening (____) ____-____

Email: _____

If applicable:

Do you attend a Church of Christ located in the tri-state area? Yes No

If yes, please list the church name and location: _____

ACADEMIC INFORMATION

Name of high school/college currently attending: _____

Name of counselor/advisor: _____

UNIVERSITY INFORMATION

Name of college/university/program in which you plan to enroll (if a graduating senior):

Name

City

State

Have you been accepted? Yes No

Will you be full-time (12 or more credit hours) this fall? Yes No

Major or area of study: _____

Do you plan to live: on campus off campus commute unknown

If a West Virginia resident, do you meet the eligibility criteria for the WV Promise Scholarship?

yes no

Activities Form

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. **DO NOT INCLUDE ATTACHMENTS.**

Extracurricular Activities	Year				Position Held
	Fr	So	Jr	Sr	
Community/Volunteer Activities	Year				Position Held
	Fr	So	Jr	Sr	
Awards and Honors	Year				Comments
	Fr	So	Jr	Sr	
Work Experience	Dates of Employment				Position Held

Recommendation Letter

Signed and sealed letter must accompany this application.

Name: _____

Relationship: _____

When selecting someone to complete your recommendation, select someone who will be thorough in the review of your character. Select someone who knows you well and will be able to give a candid and unbiased evaluation. ***Your recommendation must be completed by someone other than your parents, immediate family or school counselors.***

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving of the scholarship, being mindful of the intention of this scholarship (***current, baptized member of a Church of Christ located in the tri-state area***).

Personal Essay

Please take the time to prepare a well-developed, well-written, grammatically correct personal essay. The essay should be no more than two typed pages.

Remember, this scholarship is intended to benefit students who are pursuing post-secondary education, with a preference to those students who are current, baptized members of a Church of Christ located in the tri-state area. If you are a member of a Church of Christ, please write an essay that speaks to your church involvement. If you are not a member of a Church of Christ, consider writing an essay that speaks to the role of faith in your life. Regardless of direction, your essay should demonstrate your understanding of the scholarship's intention.

In general, there is no "correct" way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information during the evaluation process.

I, the student, completed this application and certify that all information contained within is correct and true to the best of my knowledge.

Signature _____ Date _____

Letter of Recommendation Form

Application Deadline: February 21, 2020

To Evaluator: The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant's character, school, and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses should not exceed one page.

This scholarship fund was created to benefit students who are pursuing higher education, with preference given to students who are current, baptized members of a Church of Christ in the tri-state area. If you are a representative of a church, please verify the applicant's involvement within the church. Your viewpoint will be helpful to the selection committee.

If you are evaluating a student who does not have a church affiliation, please consider writing a letter that speaks to your familiarity with the student's character.

I am writing this evaluation on the behalf of _____

Evaluator's Name: _____

Telephone Number: (_____) _____ - _____

Relationship to applicant: _____

How long have you known the applicant? _____

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.

Academic Certification Form

This form replaces the need for a transcript and is to be completed by your counselor/advisor.

Be sure to submit this form to your counselor/advisor for completion, making sure the reported information includes the first semester.

Student's Name: _____
School: _____

Current College Student Applicants:

At the close of the first semester, the applicant's cumulative GPA is _____.

The applicant is in good standing: Yes No

The applicant is pursuing a full-time course schedule for the next semester: Yes No

High School Senior Applicants:

Current Class Rank: _____ Current Cumulative GPA: _____

SAT Scores (single test date)

Verbal: _____
Math: _____
Combined: _____

ACT Scores (single test date)

English: _____
Math: _____
Reading: _____
Science: _____
Composite: _____

Printed Advisor/Counselor Name: _____

Title: _____

Signature: _____ Date: _____