Deever Family Scholarship

The Deever Family Scholarship is for students pursuing a major in a math or science field of study. Applicants must be graduating seniors of St. Clairsville High School, who participated in a team or individual sport. The scholarship will be awarded based on financial need to a student not necessarily at the top of the class. The recipient must enroll at a college or university in Ohio, Pennsylvania, or West Virginia.

Award: A $2,000 award divided equally between the freshman and sophomore years. For the sophomore year, the recipient must provide transcripts to the Community Foundation indicating adequate academic progress and full-time status.

Deadline: February 21, 2020 (Return completed application to Guidance Department)

CHECKLIST
- Essay (typed 250-500 words) addressing the following prompt: How has participation in sports made you a better student and enhanced your school experience?
- Student Aid Report (SAR) – attach a copy of page that shows the Expected Family Contribution (EFC)
- High School Transcripts – attach a copy of transcript showing most recently completed grading period
- Principal Endorsement

STUDENT INFORMATION

Name______________________________________________________________________________________

Address___________________________________

Street/PO Box__________________________City__________________________State__________Zip________

Telephone_____________________________ Email_______________________________________________

US Resident □ yes □ no Date of Birth___________________________________________________________

Sports played at St. Clairsville High School

__________________________ __________________________

__________________________ __________________________

__________________________ __________________________

Cumulative GPA_________ Composite ACT Score_______ SAT Score______
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UNIVERSITY INFORMATION
College you plan to attend this fall _____________________________________________________________

Have you been accepted □ yes □ no

Intended Major _____________________________________________________________

Enrollment Status □ full-time (12+ hours) □ part-time (6-11 hours)

PARENT/GUARDIAN INFORMATION

Total household income in 2018 ________________________________

Number of family members in household _____________________________

Number of children in college for 2020-2021 academic year ________________

CERTIFICATION
I, the student, completed this application and certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that falsification of information will result in termination of any scholarship awarded. I certify that I have read the instructions and will comply with all requests for documentation for financial need and academic status. Should I receive a scholarship, I will notify the CFOV of any change of plans, and the CFOV may use my name and likeness in publicity materials related to the CFOV.

______________________________   ________________________________
Signature   Date

______________________________   ________________________________
Parent or Guardian Signature   Date
(if applicant is under 18)

______________________________   ________________________________
Principal Endorsement   Date