

# 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  
(if applicant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Endorsement

\_\_\_\_\_  
Date