N. Elizabeth Elbin Memorial Scholarship

A scholarship for the benefit of worthy and deserving graduates of Cameron High School, who plan to attend or are attending a junior college, college or university. The scholarship provides for students to receive $1250 annually while they are enrolled as a full-time student. The maximum award per student will be $5000. The scholarship terminates once a degree has been awarded.

Application Checklist

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.

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.

☐ Financial Form – Please include requested documentation.

☐ 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. Parents, immediate family members or school counselors are NOT eligible to write the letter of recommendation.

☐ 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: N. Elizabeth Elbin Memorial Scholarship

PERSONAL INFORMATION
Name: _______________________________________________________________________________
Permanent Address: ________________
Street or PO Box ___________ City ___________ State ___________ Zip ___________
What county do you live in? ___________ U.S. Resident? ☐ Yes ☐ No
Date of Birth: _______/_______/_______ Telephone: Day (_______) _______ - _______
Email: _______________________________________________________________________________

ACADEMIC INFORMATION
Name of high school: ___________________________________________________________________
Name of school counselor: __________________________________________________________________
High School Phone Number: (_______) _______ - _______

UNIVERSITY INFORMATION
Name of college/university in which you plan to enroll:
_____________________________________________________________________________________
Name City State
Have you been accepted? ☐ Yes ☐ No
Will you be full-time (12 or more credit hours) this fall? ☐ Yes ☐ No
Anticipated 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.**

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<th>Awards and Honors</th>
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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 (worthy and deserving Cameron High School students)

Personal Essay

On a separate sheet of paper, 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 worthy and deserving students from Cameron High School who exhibit financial need, academic achievement and commitment to school/community. Your essay should demonstrate your understanding of the scholarship’s intentions.

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.

Remember, this scholarship is intended to benefit worthy and deserving students from Cameron High School who exhibit financial need, academic achievement and commitment to school/community. Your letter should demonstrate your understanding of the scholarship’s intention and how the applicant reflects those intentions.

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.
Financial Form

This scholarship is intended to benefit a student who has demonstrated financial need. In order to assist the selection committee in honoring the donor’s wishes, please attach the following to your application:

**Documentation:**
Please include the page of the FAFSA Student Aid Report that provides your Expected Family Contribution (EFC).

This is the ONLY page you need. Please do not include the full Student Aid Report or copies of tax returns.

If you wish, you may include a supplementary statement explaining circumstances that may impact financial need that are not apparent from the above financial information. For example, contributions expected/not expected from a non-custodial parent, educational expenses of siblings, medical expenses, etc.

**Certification:**
I (we) certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of the Community Foundation for the Ohio Valley, Inc. I (we) agree to give documentation for the information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving aid.

Applicant Signature _____________________________________________
Parent Signature ___________________________________________________________________
Academic Certification Form – Read Carefully!

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

High School Applicants
Submit this form to your counselor for completion, be sure the reported information includes the first semester.

Student’s Name: __________________________________________
School: ________________________________________________

Current Class Rank: ________  Current Cumulative GPA: ________

SAT Scores (single test date)  ACT Scores (single test date)
Date of Test: ________________  Date of Test: ________________
Verbal: _____________________  English: ____________________
Math: ______________________  Math: _____________________
Combined: _________________  Reading: __________________
                        Science: __________________
                        Composite: ________________

Person completing this form: ________________________________________________
Title: ________________________________________________________________
Signature: _____________________________________________________________ Date: ____________