

Sylvia Archer Scholarship of Sistersville Lions Club

The Sylvia Archer Scholarship exists for Tyler County students to enhance their opportunities in furthering their education. The terms of the gift require that the student recognize a moral obligation to assist others by agreeing to repay the scholarship, if able, in the future. The recipient must remain a student in good academic and disciplinary standing per the standards set by the institution to which they have been accepted and enrolled. Awards are renewable and intended to support undergraduate studies.

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:

1. Student must be of high moral character and never suspended from school
2. Student must exhibit financial need
3. Student must be in good academic standing – a minimum GPA of 2.81 for 7 semesters
4. Student must intend to pursue a full-time course of study at an accredited institution of higher learning

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.

Return completed application to:

CFOV

1226 Chapline Street

Wheeling, WV 26003

(applications must be received by February 21)

Application Form: Sylvia Archer Scholarship of Sistersville Lions Club

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: _____

Email: _____

ACADEMIC INFORMATION

Name of high school: _____

Name of school counselor: _____

High School Phone Number: (____) ____ - ____

UNIVERSITY INFORMATION

Name of college/university in which you are enrolled or 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.**

| Extracurricular Activities | Year | | | | Position Held |
|--------------------------------|---------------------|----|----|----|---------------|
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| Community/Volunteer Activities | Year | | | | Position Held |
| | Fr | So | Jr | Sr | |
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| Awards and Honors | Year | | | | Comments |
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| Work Experience | Dates of Employment | | | | Position Held |
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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 respond where appropriate and 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.

Response:

Please respond to the following -

Adjusted Gross Income for household, as reported on 2018 tax returns: _____

Supplemental Information:

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, the student, completed this application and certify that it is accurate and complete to the best of my knowledge.
- I authorize disclosure of my name and information as an applicant for or recipient of an award under this scholarship program.
- I understand that this is a scholarship, but that I am encouraged by those individuals who have made it possible for me to benefit from this scholarship to repay, if possible, a portion to the Sylvia Archer Scholarship Fund so that others may benefit the same.
- I agree to and understand that a personal interview may be required.

Student Signature

Date

Parent Signature

Date

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 (***supporting Tyler County students who are pursuing an undergraduate degree***).

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 recognizes students from Tyler County who are pursuing an undergraduate degree. The recipient of this scholarship should be worthy and of strong character. Your essay should demonstrate your understanding of the scholarship.

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 recognizes students from Tyler County who are pursuing an undergraduate degree. The recipient of this scholarship should be worthy and of strong character. Your letter should demonstrate your understanding of the scholarship and how the applicant honors 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.

Academic Certification Form

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)

Date of Test: _____

Verbal: _____

Math: _____

Combined: _____

ACT Scores (single test date)

Date of Test: _____

English: _____

Math: _____

Reading: _____

Science: _____

Composite: _____

Person completing this form: _____

Title: _____

Signature: _____ Date: _____