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 $4,000 award divided equally over four years of study. The recipient must complete and submit a renewal application for future installments.

**Deadline:** February 17, 2021 (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_______
Deever Family Scholarship

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 2019

Number of family members in household

Number of children in college for 2021-2022 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