

The John J. and Tulane B. Mensore Scholarship will benefit one graduating senior from a high school located in Wetzel County or Tyler County who will attend Wheeling University and has demonstrated academic excellence. ***Preference will be extended to students from Magnolia High School, though students attending a high school located in the abovementioned counties are able to apply, so long as they will attend Wheeling University. While students considering WU may also apply be aware the scholarship award is contingent upon enrollment at Wheeling University.***

**Eligibility Requirements:**

- Student must be a graduating senior from a high school located in Wetzel County or Tyler County, with preference extended to those attending Magnolia High School
- Student must plan to attend Wheeling University
- Student must have at least a 3.0 cumulative GPA

**Applications must be returned to CFOV by February 17, 2021  
1226 Chapline Street, Wheeling, WV 26003  
(\*applications must be received by February 17\*)**

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**STUDENT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

**ACADEMIC INFORMATION**

High School: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Name of College/University you plan to attend: \_\_\_\_\_

***\*This scholarship is for the benefit of students attending Wheeling University, while students considering WU may also apply be aware the scholarship award is contingent upon enrollment at Wheeling University. \****

Have you been accepted?  Yes  No Will you be full-time?  Yes  No

What major do you plan to pursue? \_\_\_\_\_

***Please complete application as presented and do not include items that are not requested.***

# 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 |
|--------------------------------|---------------------|----|----|----|---------------|
|                                | Fr                  | So | Jr | Sr |               |
|                                |                     |    |    |    |               |
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|                                |                     |    |    |    |               |
|                                |                     |    |    |    |               |
| Community/Volunteer Activities | Year                |    |    |    | Position Held |
|                                | Fr                  | So | Jr | Sr |               |
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|                                |                     |    |    |    |               |
| Awards and Honors              | Year                |    |    |    | Comments      |
|                                | Fr                  | So | Jr | Sr |               |
|                                |                     |    |    |    |               |
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|                                |                     |    |    |    |               |
| Work Experience                | Dates of Employment |    |    |    | Position Held |
|                                |                     |    |    |    |               |
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## Financial Form

Financial need shall be taken into consideration should two or more qualified applicants be identified. 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 \_\_\_\_\_

## 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 (***students attending Wheeling University who have demonstrated academic excellence***).

## 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.

***Essay Prompt:***

***This scholarship is for the benefit of a student who will attend Wheeling University.***

***Please share why you have chosen to attend Wheeling University and what you hope to achieve/experience through your studies and campus involvement.***

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 17, 2021

**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 maintain 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 a graduating senior from a high school located in Wetzel County or Tyler County who will attend Wheeling University and has demonstrated academic excellence. Please consider the intention of the scholarship and your familiarity with the applicant as you write your response.***

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.

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# 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.

**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: \_\_\_\_\_