Orrick, Herrington & Sutcliffe GOC Scholarship

Provides two scholarships to graduates of an Ohio Valley high school, pursuing a bachelor’s degree at an accredited college or university in the Ohio Valley. Preference will be given to those with professional career goals in Business Management, Accounting or Information Systems Technology. The recipients shall have demonstrated financial need and be in good academic standing with a minimum 3.5 GPA.

Children of employees and relatives of employees of Orrick, Herrington & Sutcliffe LLP are not eligible to receive the scholarship.

Application Checklist

Application Deadline: February 17, 2021

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.

Return completed applications to:
CFOV
1226 Chapline Street
Wheeling, WV 26003
(applications must be received by February 17)
Application: Orrick, Herrington & Sutcliffe GOC 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: (______) _______ - ______

Email: _________________________________________

Father’s Name: _____________________________ Employer: ______________________

Mother’s Name: _____________________________ Employer: ______________________

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: ___________________________________________

*Preference given to students pursuing fields listed on the cover sheet of this scholarship

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>Extracurricular Activities</th>
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<th>Position Held</th>
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<th>Community/Volunteer Activities</th>
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<th>Awards and Honors</th>
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<th>Work Experience</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 (those pursuing career goals in accounting, business management or information systems technology).

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 is intended to benefit students pursuing careers in accounting, business management or information systems technology. Consider writing an essay that speaks to your interests in those areas and related career goals.

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 for the benefit of a student pursuing a career in accounting, business management or information systems technology. Your letter should demonstrate your understanding of this 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

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)  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: ______________