

## Beulah Meyer Scholarship

The Beulah Meyer Scholarship fund was established through a generous bequest left by Mrs. Meyer. Applicants must be graduating seniors from Weir High School or Weirton Madonna High School who have been residents of Weirton, WV for at least four years and plan to pursue a degree from an accredited college or university. Applicants must have a minimum cumulative GPA of 3.0 and demonstrate financial need.

### Application Checklist

Application Deadline: February 23, 2022

***Please Return to Guidance Office***

**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.
- Academic Certification Form** – Have appropriate school official complete form and return it with other application materials.

# Application: Beulah Meyer Scholarship

## APPLICANT 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: \_\_\_\_\_

***\*be sure to use an email address you can access AFTER graduation***

## ACADEMIC INFORMATION

Name of high school: \_\_\_\_\_

Name of school counselor: \_\_\_\_\_

## UNIVERSITY INFORMATION

Name of college/university in which you plan to enroll:

\_\_\_\_\_

<b>Name</b>	<b>City</b>	<b>State</b>
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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
	Fr	So	Jr	Sr	
Community/Volunteer Activities	Year				Position Held
	Fr	So	Jr	Sr	
Awards and Honors	Year				Comments
	Fr	So	Jr	Sr	
Work Experience	Dates of Employment				Position Held

# 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.

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