

LOCAL MONEY SCHOLARSHIP APPLICATION
Selection Sheet - 2011

Last Name _____ First Name _____
(Please print)

Please mark the scholarship(s) for which you are applying (refer to the instructions for criteria):

General

- _____ Elsa Lillian Albrecht Scholarship
- _____ Joe and Dorothy Belavich Scholarship
- _____ Major James A. Duricy Memorial Scholarship
- _____ Jaycees Scholarship
- _____ Mike Raicevich Scholarship - General
- _____ Walt Schwegler Student and/or Athlete Scholarship
- _____ Shore Commemorative Scholarship
- _____ Dr. Kurt Stanic Scholarship
- _____ Robert Wightman Scholarship

Sports

- _____ Harold "Doc" Daugherty Male Basketball Scholarship
- _____ Ray Fisher Male Baseball Scholarship
- _____ Paul Serra Baseball Scholarship
- _____ Sports Hall of Fame Student and/or Athlete Scholarship

Music - Instrumental

- _____ Bruce Carlson Memorial Scholarship
- _____ Dale Harper Music Scholarship
- _____ Albert Sheppert Memorial Scholarship

Music - Vocal

- _____ Bea Grushcow Memorial Scholarship
- _____ Sam Taylor Memorial Scholarship

Education

- _____ Euclid Teachers Association Education Scholarship
- _____ Jane Barber Gibson Scholarship
- _____ Earl Oliverio Scholarship

Scientific Research/Medical

- _____ Freed Family Scholarship
- _____ Jane Barber Gibson Scholarship

Vocational/Technical School

- _____ Jaycees Technical Scholarship
- _____ Mike Raicevich Scholarship - Vocational

**EUCLID HIGH SCHOOL COMPLEX
Local Money Scholarship Application - 2011**

I. Personal Data

Name: _____ Telephone _____ Age _____
 Address: _____ Apt. # _____ ZIP Code _____

II. Family Data

Parent(s): Married Separated Divorced Widow(er) Retired

List the total number of persons living in your household: _____

Name	Occupation/Employer	EHS Alumni (Y/N)
Father _____	_____	_____
Mother _____	_____	_____
Brother(s) _____	_____	_____
Sister(s) _____	_____	_____

III. Schools to which you have applied (*Include room, board, tuition, and books in cost)

Name of Institution	Accepted (Y/N)	*Total Cost/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Test Scores/Class Rank

SAT – Enter your highest test scores in each category. They do not have to be from the same test date. Add the standard scores to obtain a total score.

Verbal _____ Non-Verbal _____ Writing _____ Total Score _____

ACT – Enter your highest standard scores from each category. They do not have to be from the same test date. Enter the composite standard score.

English _____ Math _____ Reading _____ Science _____ Writing _____ Composite _____

V. Financial Data

Student's Savings _____
 Parent Contribution _____ Is this a one-time contribution or annual? (Circle)

Monetary awards or scholarships you have already received:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

VI. Essay - Please use the space below to briefly explain your career goals and your reasons for applying for a scholarship. Include any unusual financial burden(s) your family has had which affect their ability to pay for your education. *(Please type or print in the space provided. Additional pages will not be accepted.)*

(Print or type essay here-do not attach additional pages)

VII. Work Experience

Describe your employment and community service work below and indicate the average number of hours worked/volunteered per week.

Section I – Paid employment and/or school/community service/volunteering during school year:

_____ Avg. Hrs./Week
_____ Avg. Hrs./Week

Section III – Paid employment and/or community service during the summer:

_____ Avg. Hrs./Week
_____ Avg. Hrs./Week

VIII. Special Recognition/Honors/Awards (Mayor’s Team, Student of the Month, distinguished/honor/merit rolls, sports awards, scouts, music awards, etc.)

X. Extracurricular Activities (Sports, clubs, school newspaper, etc.)

Activity	Grade(s) Participated	Participation/Office Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Euclid City School District affirms that no person shall, on the basis of sex, race, color, national origin, handicap, family or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity conducted under its auspices.

I certify that all of my responses are accurate and true.

Applicant’s Signature

Date

If under 18 years old, a parent or guardian must sign below.

Parent/Guardian

Date