

BIG WALNUT EDUCATION FOUNDATION, INC.

2020

BRONZE EAGLE POST SECONDARY SCHOLARSHIP APPLICATION

Restrictions: Graduating Senior at Big Walnut High School
Entering an accredited program or school other than a four year degree program
FAFSA is mandatory.

Criteria for evaluation:

20% GPA
30% FAFSA
30% Extracurricular activities, work experience
20% Teacher Evaluation Forms

| BW Ed. Use: | Score |
|----------------------|-------|
| GPA | |
| FAFSA | |
| Extracurricular/Work | |
| Teacher evaluation | |
| Total | |

Financial need: You are required to complete the FAFSA (Free Application for Federal Student Aid) and submit it to the Federal Government. Upon completion of processing the Federal Government will give you an EFC number. Bring your SAR report to the School Counseling Office for verification when you submit this application. **Without your submission of an EFC number your application will not be evaluated.**

(Please type or print)

APPLICANT'S NAME _____

PHONE # _____ BIRTH DATE: _____ GENDER: M F (CIRCLE ONE)

PARENT'S NAMES _____

HOME ADDRESS _____

STUDENT EMAIL: _____ PARENT EMAIL: _____

The Big Walnut Education Foundation, Inc. reserves the right to revoke any student's scholarship funds if the student's conduct is deemed unethical or illegal. The Foundation's decision will be final and the student will be notified in writing.

PERSONAL CAREER GOAL STATEMENT (include where you wish to train)

SCHOOL COUNSELOR'S VERIFICATION:

ACT Composite (optional) _____ Student's GPA _____

EFC _____

Counselor's Signature _____ Date _____

**Completed applications must be submitted to the School Counseling Office by
Thursday, April 02, 2020 by 3:00 p.m.**

High School Extracurricular Activities

*attach additional pages as necessary

School Activities & Clubs [Check those you were involved in and identify the number of years]

| | | |
|---|---|---|
| <input type="checkbox"/> Band _____ yrs. | <input type="checkbox"/> Golf _____ yrs. | <input type="checkbox"/> Track & Field _____ yrs. |
| <input type="checkbox"/> Baseball _____ yrs. | <input type="checkbox"/> Gymnastics _____ yrs. | <input type="checkbox"/> Vocal Jazz _____ yrs. |
| <input type="checkbox"/> Basketball _____ yrs. | <input type="checkbox"/> Jazz Band _____ yrs. | <input type="checkbox"/> Volleyball _____ yrs. |
| <input type="checkbox"/> Bowling _____ yrs. | <input type="checkbox"/> Lacrosse _____ yrs. | <input type="checkbox"/> Wind Ensemble _____ yrs. |
| <input type="checkbox"/> Cheer _____ yrs. | <input type="checkbox"/> Play Production _____ yrs. | <input type="checkbox"/> Wrestling _____ yrs. |
| <input type="checkbox"/> Choir _____ yrs. | <input type="checkbox"/> Soccer _____ yrs. | <input type="checkbox"/> _____ yrs. |
| <input type="checkbox"/> Color guard _____ yrs. | <input type="checkbox"/> Softball _____ yrs. | <input type="checkbox"/> _____ yrs. |
| <input type="checkbox"/> Cross Country _____ yrs. | <input type="checkbox"/> Student Council _____ yrs. | <input type="checkbox"/> _____ yrs. |
| <input type="checkbox"/> FFA _____ yrs. | <input type="checkbox"/> Swim _____ yrs. | <input type="checkbox"/> _____ yrs. |
| <input type="checkbox"/> Football _____ yrs. | <input type="checkbox"/> Tennis _____ yrs. | <input type="checkbox"/> _____ yrs. |

Community Clubs/Groups/Religious Involvement [List organizations and/or volunteering activities]

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Paid Work Experience [List most recent employment first]

| Business: | Position: | Employment Dates: |
|-----------|-----------|-------------------|
| | | |
| | | |
| | | |

Awards and Honors [List awards and honors received citing specific year(s) and reasons for award]

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Other [Feel free to list any other pertinent information you wish to add for consideration]

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|--|
| |
| |
| |

By affixing my signature to this application I verify that all statements above are true.

Signature _____ Date _____

BIG WALNUT EDUCATION FOUNDATION, INC.
2020
BRONZE EAGLE SCHOLARSHIP
EVALUATION FORM

Teacher/ Advisor/ Employer Instructions:

Please rate this student on the six qualities listed below. Five is the highest rating, 1 is the lowest.
Room for additional comments and your relationship to the student is provided. Your comments are welcomed as a source to better evaluate the individual.

Please return this form to the Big Walnut High School Counseling Office in sealed envelope by 4/02/20. The student's name should be written on the envelope.

Student's Instructions:

Please submit this form and an envelope bearing your name to the teachers, advisors, coaches, or employers of your choice. One evaluation is mandatory and a maximum of three will be accepted.
Ask the evaluator to return the form to you or have them submit it directly to the School Counseling Office in a sealed envelope. **Be sure your name is on the envelope.**

Student's name _____

Teacher / Advisor's Name _____

Relationship to the student _____

Circle the rating for each quality-

| | | | | | |
|-----------------------|---|---|---|---|---|
| 1. Honesty | 5 | 4 | 3 | 2 | 1 |
| 2. Reliability | 5 | 4 | 3 | 2 | 1 |
| 3. Work Ethic | 5 | 4 | 3 | 2 | 1 |
| 4. Responsibility | 5 | 4 | 3 | 2 | 1 |
| 5. Works to Potential | 5 | 4 | 3 | 2 | 1 |
| 6. Conduct | 5 | 4 | 3 | 2 | 1 |

Comments:

Signature _____