

# BIG WALNUT EDUCATION FOUNDATION, INC. 2020

## SHIDECKER MEMORIAL PLATINUM EAGLE SCHOLARSHIP APPLICATION

**Restrictions:** Graduating Senior at Big Walnut High School  
 Entering a four-year degree program with a GPA of 3.5 or above  
 FAFSA is mandatory

**Criteria for evaluation:**  
 15% ACT  
 25% GPA  
 20% FAFSA  
 25% Extracurricular activities, work experience  
 15% Honors and Awards

BW Ed. Use:	Score
ACT	
GPA	
FAFSA	
Extracurricular/Work	
Honors/ Awards	
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 \_\_\_\_\_

PURPOSE STATEMENT (What field of study, college, career you wish to pursue)

\_\_\_\_\_

\_\_\_\_\_

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.***

Please list any scholarships or assistance already awarded: \_\_\_\_\_

\_\_\_\_\_

SCHOOL COUNSELOR'S VERIFICATION:

ACT Composite \_\_\_\_\_ SAT Composite \_\_\_\_\_ ACT Comparable \_\_\_\_\_

Student's GPA \_\_\_\_\_ EFC \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed applications should 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]


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

Signature \_\_\_\_\_ Date \_\_\_\_\_