

E.O. Martin Memorial Scholarship

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Completeness and neatness insure your application will be reviewed properly.

APPLICANT

Last Name _____ First _____ Middle Initial _____
Permanent Home _____
Mailing Address _____ Apartment # _____
City _____ State _____ Zip Code _____
Telephone _____ E-mail Address _____
Social Security Number _____ Date of Birth _____

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
Permanent Home _____
Mailing Address _____ Apartment # _____
City _____ State _____ Zip Code _____
Relationship to Applicant _____ Day Telephone _____
E-mail Address _____ Fax Number _____

HIGH SCHOOL DATA

School Name _____ Graduation Date _____
City _____ State _____ Telephone _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)

City _____ State _____

City _____ State _____

☐ 4 yr. College or University ☐ 2 yr. Community or Junior College
☐ Vocational-Technical School ☐ Other, explain _____

Year in school next year: 1 2 3 4 5 or Graduate Study

Major or course of study _____ Anticipated date of graduation (Month/Year) _____

Anticipated degree: ☐ Bachelor's ☐ Associate ☐ Certificate ☐ Other _____

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address, and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximately number of hours worked each week. List amounts earned at each job

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per week	Amount Earned

ACTIVITIES, AWARDS, AND HONORS

List all school activities in which you have participated in the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	# of Yrs. Partic.	Special Awards, Honors	Offices Held	Activity	# of Yrs. Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL

To be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official. On-line transcripts and grade reports are acceptable.

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average Weighted: _____ / 4.0 scale Un-weighted: _____ / 4.0 scaled
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PSAT		
Writing	Math	Reading

SAT 1		
Writing	Math	Reading

ACT	
English	Math

School Official's
Signature _____ Title _____ Date _____ Telephone _____

School Official's
Address _____ City _____ State _____ Zip Code _____

CERTIFICATION

I acknowledge decisions of the committee are final. I certify that I meet the basic eligibility requirements of the program as described in the scholarship guidelines and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information that I have provided on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____