

SUSAN CAMPBELL MEMORIAL SCHOLARSHIP

AIMS: The intent of the Susan Campbell Memorial Scholarship is to recognize the accumulated achievements of a Colonel Crawford High School graduating senior in the areas of scholarship, activities, and community service.

AMOUNT: The amount and number of scholarships will vary depending on the current financial state of the memorial fund.

ELIGIBILITY: Recipient must meet the following conditions:

1. He/she must be a graduating senior at Colonel Crawford High School.
2. Attend a minimum of 2 years at Colonel Crawford.
3. Possess an accumulative grade point average of 3.2 or above.
4. Applied to an accredited college, university, or technical school.
5. Open field of study.
6. Documented evidence of community service.

CRITERIA: The award will be based on the following:

1. Community Service.
2. Submission of a 300-500 word essay.
3. 3 Recommendation Forms (examples: minister, coach, employer/ former employer, etc.)
4. Personal Interview if the committee cannot reach a decision based on the application.

CONDITIONS: The scholarship will be given at the discretion of the Scholarship Committee, whose decision is final, and will be awarded without regard to race, gender, religion, or national origin. A check for \$500 will be given at Awards Night, and the \$500 balance will be mailed to the recipient(s) after July 1st.

DEADLINE: **Tuesday, April 12, 2011 by 8:00 AM**

SUSAN CAMPBELL MEMORIAL SCHOLARSHIP

Scholarship Application

1. Name _____ Address _____
City _____, Ohio Zip Code _____ Phone _____

2. What is your accumulative grade point average? _____

3. What is your class rank? _____

4. What college, university will you attend? (If unknown, where have you applied?)

5. What field are you most interested in pursuing? _____

6. In what co-curricular activities have you participated?

7. In what community service and volunteer activities are you involved, and about how many hours a **month** do you spend at each? _____

Please print or type . . .
All information will be held strictly confidential.

STUDENT RECOMMENDATION FORM

SUSAN CAMPBELL MEMORIAL SCHOLARSHIP

Please rate the applicant in the following areas. Circle the number that most accurately describes the student.

APPLICANT'S NAME _____

<u>CHARACTERISTIC</u>	Superior	Above Average	Average	Below Average	Insufficient Knowledge
Industrious	4	3	2	1	X
Reliability	4	3	2	1	X
Cooperation	4	3	2	1	X
Perseverance	4	3	2	1	X
Leadership	4	3	2	1	X
Respect for others	4	3	2	1	X
Encouragement of others	4	3	2	1	X
Service to the community	4	3	2	1	X
Citizenship	4	3	2	1	X
Helpfulness	4	3	2	1	X

RECOMMENDATION: (Circle one)

I recommend FAVORABLY

I recommend with RESERVATION

I do not recommend

REMARKS: _____

Relationship to Applicant _____

* Please return to the **Colonel Crawford High School Guidance Office, 2303 S.R. 602, North Robinson, OH 44856** by **Tues., April 12.**

Signature of Reference

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