**JAMES EARL & RUBY BAXTER**

**SCHOLARSHIP FUND**

**SCHOLARSHIP APPLICATION**

Based on scholarship, citizen, honesty, integrity, and accomplishments. In preparing this application, all blanks must be filled out with a typewriter or printed. Graduating high school seniors who enroll in a post-secondary educational institution are eligible to apply for this scholarship.

1. Name of applicant in full:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name

2. Address in full:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or Box Number City State, Zip Code

3. Parents or legal guardian name in full:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Mother

4. Parents or legal guardian address in full:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or Box Number City State, Zip Code

5. Are you a citizen of the U.S.? \_\_\_\_\_\_\_\_\_\_

If not, explain citizenship status:

6. High School (s) attended:

a. Date from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Date and Place of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. ACT Score: \_\_\_\_\_\_\_ Grade Point Average \_\_\_\_\_\_\_\_\_ Class Rank \_\_\_ of \_\_\_\_\_\_

d. Total high school credits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Scholastic Achievements:

a. Organizations:

b. Honors and Awards:

c. Offices and Positions:

8. Extra-curricular (school related):

a. Activities:

b. Honors and Awards:

c. Positions Held:

9: Non-school related activities (i.e. scouting, etc.):

10. What higher education institution or facility are you planning to attend?

11. What course of study do you intend to pursue?

12. Set forth on a separate sheet, in your own handwriting, a brief explanation of

involvement in church activities (attach to application)

13. Please write a brief autobiography describing your experiences to date, indicating

your hopes and plans for the future (attach to application).

14. An official copy of your high school transcript is required. A copy of your ACT

scores is also required, provided you completed the test.

15. Name of college or post-secondary school and address at which you have been

accepted.

16. For your information, the scholarship award check will be deposited with the

designated post-high school educational institution upon notification that the

scholarship recipient has enrolled. Pursuant to such notification, the check will

then be sent to the appropriate office at the post-high school educational institution.

This scholarship award will not be issued if conduct of the recipient is contrary to

Principals of law and order and morality.

17. The monetary amount for the scholarship awarded by the Board of Directors will be $1,500. One scholarship will be awarded.

18. Deadline date for submitting this application is April 22, 2015. Return the

application to Ms. Weidenbach.

JAMES EARL AND RUBY BAXTER

**Scholarship Fund**

LETTER OF RECOMMENDATION

The “Letter of Recommendation” is to be a thoughtful appraisal of the applicant, his/her strong and weak points, character, personality, abilities, emotional stability, adaptability to new conditions, seriousness of purpose, and his/her probability of success in further study should be expressed.

All information submitted is intended for the use of the selection committee and will be held in strictest confidence.

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or Box City State, Zip

Length of time this applicant has been personally known by the undersigned: \_\_\_\_\_\_\_\_\_

Relationship, if any, of the undersigned to this applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Position or Title Date

Note to applicant: Two letters of recommendation are required.

**JAMES EARL & RUBY BAXTER**

**Scholarship Fund**

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I am the parent or legal guardian of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student Birth Date

and do hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Your School

to transfer a copy of the above-named student’s official transcript and ACT scores to the JAMES E. AND RUBY BAXTER SCHOLARSHIP FUND. Furthermore, I hereby authorize the JAMES E. AND RUBY BAXTER SCHOLARSHIP FUND Board of Directors to view and examine the records of the above-mentioned student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student \*Signature of Parent or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

This form is to be completed in duplicate. One copy of this form is to be retained in the school records and one copy to be submitted along with your application.

\*Students who are eighteen years of age or older shall sign on their own behalf. In this case the signature of the parent or legal guardian is not required.