

**ALTON PUBLIC SCHOOL FOUNDATION AFFILIATED SCHOLARSHIPS  
APPLICATION**

This application will serve as the application for any scholarship that falls within the service of the Alton Public School Foundation. Place a check mark beside each scholarship for which you would like to be considered.

**Alton Chamber of Commerce Scholarship, \$1,000**

**Alton Public Schools Foundation Scholarship, \$500:** preferences - 3.0 or better GPA, does not qualify for PELL Grant, applied for, but has not received, additional scholarships/grants.

**Bonnie & Wayne Johnson Scholarship, \$10,000**

**Campbell Family Medical Services Scholarship, \$500:** preference – seeking a degree or training in the medical field.

**Clary Family Scholarships, \$500 EACH:** Jim Clary, J.Q. Clary, Nancy Clary & Robert Owens

**Dethrow-Roy Family Scholarship, \$500:** preferences – 4 year college, top 20% of graduating class, financial need, work experience, applied for additional scholarships and financial aid, including A+.

**Doris Malone Scholarship, \$1,000**

**Eddie J. Johnson, Jr. Memorial Scholarship, \$500:** 2.4 GPA and preference to a member of or a child of a member of the Alton Fire Department, Alton Police Department, or Oregon County Sheriff's Office.

**Paintmaster Collision, \$500**

**Nancy K. Reed Scholarship, \$500** GPA of 3.0 or above, preference given to strong academic achievement, **One page essay** addressing "Your future plans and what you hope to achieve in your professional career"

**Jane Reese Scholarship, \$500**

**Janet Hogan McGuire Memorial Scholarship, \$500** preference given to students who are going into nursing and are a member of BETA

**Norman Mills Scholarship, \$500**

**Simpson Ag Ed/FFA Alumni Scholarship, \$250 x 2:** preference given to members of Alton FFA who have successfully completed Ag Ed Courses.

Place a check mark beside each scholarship wishing to be considered for:

**Application Completed**     **Certification Completed**     **Transcript Attached**

**Two Reference Letters**     **Essay for Question #1**     **FAFSA Attached**

**ALTON PUBLIC SCHOOL FOUNDATION AFFILIATED SCHOLARSHIP APPLICATION**

**PERSONAL INFORMATION**

**(Please print in black ink)**

STUDENT NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

STUDENT PHONE NUMBER: \_\_\_\_\_

ADDITIONAL CONTACT NUMBER: \_\_\_\_\_

FATHER/GUARDIAN'S OCCUPATION: \_\_\_\_\_

MOTHER/GUARDIAN'S OCCUPATION: \_\_\_\_\_

Total number of children in family living at home: \_\_\_\_\_

Total number of children/parents currently enrolled in college: \_\_\_\_\_

College:/Career Center/Vocational School planning to attend:

\_\_\_\_\_

\_\_\_\_\_

Address of Financial Aid at the School: \_\_\_\_\_

\_\_\_\_\_

Major or Program planning to complete: \_\_\_\_\_

Have you Applied? \_\_\_\_\_ Been Accepted? \_\_\_\_\_

Total Yearly Cost? (can be found on their website) \_\_\_\_\_

**ALTON PUBLIC SCHOOL FOUNDATION AFFILIATED SCHOLARSHIP APPLICATION**

**CERTIFICATION**

The applicant herewith consents that the Scholarship Selection Committee be fully informed as to the Applicant's school standing, character, and other factors having a bearing on the application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

After you have completed your part of this application, return the application along with the two letters of reference to your counselor for certification. The school counselor will deliver it to the Scholarship Selection Committee

\*\*\*\*\*

**Counselor Section**

This is to certify that the above applicant has a weighted GPA of \_\_\_\_\_ and a non-weighted GPA of \_\_\_\_\_.

He/She ranks \_\_\_\_\_ in a class of \_\_\_\_\_.

The applicant has taken a college entrance exam. Name of test \_\_\_\_\_.

Date test taken \_\_\_\_\_ . Composite Score \_\_\_\_\_.

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date

**ALTON PUBLIC SCHOOL FOUNDATION AFFILIATED SCHOLARSHIP APPLICATION**

**QUESTIONNAIRE**

1. ESSAY: Minimum of 200 words, but no more than 500 words. Handwritten or typed. Attach to the application.

“Where I See Myself in Ten Years”

In your response, include your educational institution(s), degree(s) pursuing and your career plans.

2. Briefly state in your own words, your reasons for desiring a scholarship (include information that addresses how you meet the preferences of specific scholarships if possible):

---

---

---

---

---

---

---

---

---

---

---

---

3. Briefly summarize your school and community activities. List organizations of which you are a member and offices held (do not include FFA here). Tell about any service projects or activities in which you participated in more detail.

---

---

---

---

---

---

---

---

---

---

---

---



7. List Ag Ed Courses Taken in High School


8. Were you a member of Alton FFA? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

Offices held in FFA? \_\_\_\_\_

\_\_\_\_\_

Ag Ed Honors/Awards Received? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALTON PUBLIC SCHOOL FOUNDATION AFFILIATED SCHOLARSHIP APPLICATION**

**Financial Status**

1. Have you held a job? If so, please list the name of the company, your job, and how long you worked there: \_\_\_\_\_

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

2. Have you completed your FAFSA? \_\_\_\_\_ Were you eligible for a PELL grant? \_\_\_\_\_

If so, what is your estimated PELL grant amount? \_\_\_\_\_

Please attach a copy of your EFC confirmation from FAFSA to this application

3. Do you expect to receive financial assistance from your family? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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

4. Are you eligible for educational assistance through Vocational Rehabilitation? \_\_\_\_\_

If yes, did you apply for educational assistance through Voc ReHab? \_\_\_\_\_

Did you qualify for educational assistance through Voc ReHab? \_\_\_\_\_

5. Are you applying for a Work Study? \_\_\_\_\_

6. Are you applying for Student Loans? \_\_\_\_\_

7. Are you eligible for A+? \_\_\_\_\_

8. Additional scholarships applied for including but not limited to community, college or vocational school, etc. (you may attach a separate list) – please indicate amount of scholarship and received or not:

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

9. Provide any other personal/financial information that you feel would enhance your opportunity receive a scholarship: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

THIS CONCLUDES THE APPLICATION