



SCHOLARSHIP APPLICATION

To the 2014 Alumni Scholarship Applicants,

Congratulations on the successful culmination of your high school career and on your choice to move forward toward the next level in your educational and/or career path.

The scholarship application and assessment form are available for download at the bottom of this page.

Included are instructions, forms and guidelines for you to follow as you complete and print out the application. It must be turned in ONLY to Ms. Allison, Guidance Counselor at DAHS, before the deadline date of Friday, April 21, 2014. Ms. Allison will then complete her portion of the form.

Ms. Allison- will also have a supply of pre-labeled envelopes for you to provide to the person you choose as a personal reference. Your reference person must submit his/her letter and the assessment form directly to Ms. Allison in the envelope provided with his/her signature over the seal to insure confidentiality. Ms. Allison will secure these letters to each student's application.

All applications with accompanying personal reference must be completed and will be picked up at 4:00 PM on Monday, April 21, 2014 by a member of the Alumni Association. You may call me at 330-424-7651 with any questions.

Thank you for your interest in this scholarship and best of luck as you continue your education.

Sincerely,
Betsy (Blocksom) Barringer, LAA President
Class of 1969



Lisbon Alumni Association Scholarship Application Instructions

- I. One of the purposes of the Lisbon Alumni Association is to award scholarships to Lisbon students on the basis of excellence in scholarship achievement. All applicants are evaluated on a competitive basis.
- II. The Board of Directors of the Lisbon Alumni Association will select scholarship winners on the following criteria.
1. Applicant is a senior class member and a candidate for graduation.
 2. Applicant has a minimum 3.2 grade point average for seven (7) semesters.
 3. Applicant's class rank.
 4. Reference form and letter--completed by either school personnel or a community leader of the applicant's choice.
 5. Each scholarship applicant's personal statement, which summarizes his/her college or technical school intentions as well as personal accomplishments in the area of citizenship, leadership and service.
- III. Special stipulation regarding the Lisbon Alumni Association Awards: The Lisbon Alumni Association requires that the scholarship award be used only in regard to full time study at a college, university or technical school. Scholarship money will be released to the scholarship winner to reimbursement payment of expenses for school. Expenses included are tuition, books or room and board. Reimbursement is not given for personal expenses such as gasoline, parking vouchers, outings, etc. However, items directly related to course work, such as a computer, drafting table, musical instrument, easel and paints, or tools required for course work can be submitted. **In order to be reimbursed for expenses, receipts must be presented.** The Lisbon Alumni Association further requires proof that the scholarship recipient is enrolled in school, and that he or she utilize the money **within one year of the date the scholarship was awarded.**

Completed application, reference assessment form and letter must be submitted ONLY to:

Ms. Allison, Director of Student Services

C/O David Anderson Jr./Sr. High School

260 West Pine Street

Lisbon, Ohio 44432

ALL PARTS OF THE APPLICATION ARE DUE -- APRIL 21, 2014, by 4PM.



Lisbon Alumni Association Scholarship Application

Please sign, and return this page with your application.

I have read and understand the Alumni Scholarship rules. If my son/daughter is awarded a scholarship, I agree to abide by these rules.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Lisbon Alumni Association Scholarship Application

Last Name First Name M.I. _____

Address _____

City State Zip Code _____

E-Mail Address _____

College you plan to attend _____

Major Area of Study _____

List one reference. This person should be a Teacher, Principal, Guidance Counselor, community leader or employer, who is willing to provide personal reference for you and complete the Assessment form which is part of this application.

Reference form and letter should be placed in the envelope, labeled with your name and supplied by Ms. Allison for this purpose. (See Ms. Allison for this envelope), and return the completed application, reference letter and assessment form in the sealed envelope which the reference person will sign across the back seal and give directly to: Ms. Allison on or before Friday April 21, 2014, at 4PM,

Reference Name Title _____

*** Note: Students may use additional paper, if needed, to complete the following information.**

List any high school scholastic honors received: _____

List activities or membership in high school and community organizations:

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR

_____ of _____ Class Rank GPA 3.2 or higher _____



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STUDENT PERSONAL STATEMENT: A short essay summarizing your educational and career intentions as well as personal accomplishments in the areas of citizenship, leadership and service.

***Note: This portion of the application must be typewritten. You may attach a document printed by computer if needed.**

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

These Scholarship funds are not sent directly to the college. In the past, sending the funds to the college has caused problems with taxes and other grant money awarded from the school concerned. The student and/or parent/guardian of the scholarship winner will be reimbursed for the money spent up to the amount of the scholarship. The scholarship money must be used for college related expenses: tuition, books, computer, course required equipment, materials or tools. Money may not be used for personal expenses. All funds MUST be used within one year from date of award.

In order to collect scholarship funds, proof of enrollment and receipt(s) for money spent should be turned in to:

Betsy (Blocksom) Barringer, LAA President & Treasurer

Lisbon Alumni Association

P.O. Box 421

Lisbon, Ohio 44432

Questions regarding this application may be directed by comment on the Lisbon Alumni website at www.lisbonalumniassociation.com, where you will also find email addresses for board members.



Name of Applicant: _____

	<i>BELOW AVERAGE</i>	<i>AVERAGE</i>	<i>ABOVE AVERAGE</i>	<i>EXCELLENT</i>	<i>OUTSTANDING</i>	<i>N/A</i>
Academic Achievement						
Intellectual Promise						
Creative Original Thought						
Productive Group/ Class Discussion						
Respect Accorded to Adults						
Disciplined Work Habits						
Maturity						
Motivation						
Leadership						
Integrity						
Reaction to Setbacks						
Concern for Others						
Self-Confidence						
Initiative, Independent						
Overall						

Please return this form with the letter of reference. Thank you.

Name of reference: _____

Signature of reference: _____