Scholarship Application

Charles M. Hall Alumni Association Post Office Box 102 Alcoa, TN 37701 Judy Watson-Knight, President

Dear Scholarship Applicant,

Attached is an application form for your use in applying for the Charles M. Hall High School Scholarship. The application can be found at **charlesmhallalumni.org/scholarships**. Please complete all items and answer all questions on the form. Failure to complete the application in its entirety or answer all questions could nullify the application.

Please type all information on the form or use legible handwriting. The online application may be filled out and printed.

Other items to include with the application are:

- 1. A letter of recommendation from one of your teachers or an adult leader of a business or organization in which you have been a participant.
- 2. A copy of your high school transcript that must reflect seven semesters of work. This transcript must have the guidance counselor's signature and the school seal.
- 3. A copy of your ACT or SAT scores.
- 4. An acceptance letter from the college of your choice.
- 5. A consent form for use of likeness. (see attached)
- 6. A scholarship may be awarded to a student who has a GPA of 3.0 or higher at the time of the application.
- 7. A minimum of four (4) community service hours must be completed by the April 15, 2024 deadline. If you have completed any community service hours from July 20, 2023 to April 15, 2024, submit these hours on the attached form. (Must be signed by an official representative of the service organization not a relative)
- 8. Each scholarship recipient is required to send the association a letter of thanks for the scholarship during the first semester of school. If not submitted, the second semester payment will be voided.
- 9. If an applicant is chosen to receive a scholarship, the applicant will be notified by the scholarship committee.

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Additional Information

- In order to receive the scholarship, all awardees are encouraged to attend the Charles M. Hall Alumni Banquet held at the Knoxville Airport Hilton on July 6, 2024 at 6:00 p.m.
- Applications must be postmarked by April 15, 2024
- Applications postmarked after the deadline of April 15, 2024 will not be considered.
- If you have questions, please call Bettye Lenoir, 865-982-0764.
- Please mail or email the completed application to:

Attention: Bettye Lenoir Charles M. Hall Alumni Association P.O. Box 102 Alcoa, TN 37701

Bettye Lenoir				
Chairperson, Charles M. Hall Alumni Association Scholarship Committee				
Signature				
Date				

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Application Check-off Form

For your convenience, we have enclosed an Application Check-off Form to assure that you have included all the necessary documents for your submission to the Charles M Hall Scholarship Committee. See list below.

APPLICATION CHECK-OFF LIST

Scholarship Application (pages 4-8).				
Letter of recommendation from teacher or adult leader.				
High school transcript including the following:				
Seven (7) semesters				
 Guidance counselor's signature 				
School seal				
Copy of ACT or SAT scores.				
Acceptance letter from college of your choice.				
Confirmation for community service hours that includes the following:				
 Signature of community service supervisor and his/her job title. 				
Phone number				
 Date of completed service hours 				
Parent or guardian signature with date.				
Signed Consent Form for use of your likeness on the Charles M. Hall Alumni website.				
Mail your completed application by April 15, 2024 to:				
ATTN: Bettye Lenoir				
Charles M. Hall Alumni Association				
P.O. Box 102				
Alcoa, TN 37701				

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Charles M. Hall Alumni Association Post Office Box 102 Alcoa, Tennessee 37701

Application to be completed by the applicant. Please print legibly or type in the fields provided.

Personal Data

Name:			
Home Address:			
Home Address:			
Home Phone:			
nome Phone:			
Cell Phone:			
Email:			
High School			
Name:			
A d duage.			
Address:			
Name of Davanti	a) an Consultantal.		
Name of Parent(s) or Guardian(s):		
Names of relatives(s) who graduated from Charles M. Hall High School:			
Note: Including this information is use for organization's records and is not a requirement to apply for a scholarship.			
and the first to apply for a sentituding.			

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Work Experience

Have you been e	mployed during your high sch	hool years?	res 🗆 NO 🗆		
If yes, please list work experience below:					
Name:					
Address:					
Type of Work:					
Date Started:	Date Ended:		Hours Per Week:		
Name:					
Address:					
Type of Work:					
Date Started:	Date Ended:		Hours Per Week:		
Name:					
Address:					
Type of Work:					
Date Started:	Date Ended:		Hours Per Week:		

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Additional Information

1.	What special recognition have you received for outstanding school work such as honors, prizes, scholarships or etc.?		
2.	List any extra-curricular activities you have participated in during your high school years. Include any organized activities such as Scouting, 4-H Club, Jaycees, YOKE, Young Life, Debutante, Church Organizations, Athletics, Yearbook Staff, School Editor, Publications, etc.		
3	List your leadership capabilities.		
3	List your reductions capabilities.		
4.	In which post-secondary educational institution(s) do you wish to enroll?		
	First Choice:		
	Second Choice:		
5.	What course of study do you plan to undertake?		

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Confirmation of Community Service Hours

Community service hours must be completed at a local business, church or organization. This service is done as a service for humankind and must be completed by the applicant. The service cannot be completed by a relative. If you have completed any community service hours from August 2023 to April 14, 2024, submit these hours on this form. A total of four (4) community service hours must be completed by April 14, 2024. Complete this form and attach it to the scholarship application.

This letter certifies that the following stud	dent has completed
hours of community service for:	
Name of Business, Church or Organization:	
Address:	
Phone Number:	
Date(s) of Completion:	
The community service hours consisted	of the following duties or tasks:
Supervisor Name:	
Title:	Phone Number:
Supervisor Signature:	Date:

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Consent Form

Please be advised that if you are awarded a scholarship or financial assistance, your likeness may appear on the association's website.

I hereby consent by my signature below to the posting of my likeness on the Charles M. Hall Alumni Association's website.

I understand that the website is used for the purpose of publicizing the work of the association and gathering the financial contributions necessary to continue this work.

Signature			
0.0.000			
Dato			

Date