**LOGAN COUNTY CHARITABLE AND**

**EDUCATIONAL FOUNDATION**

**SCHOLARSHIP PROGRAM**



General Information, Application

Guidelines and Forms

Due Friday, March 26, 2021

 Mark the appropriate scholarships. Please DO NOT put applications into folders, binders, or envelopes, etc. Simply STAPLE the packet together. Initial in the line beside of the scholarships you are applying for. All scholarships require a 3.0 minimum overall cumulative GPA to apply.

***All Packets are due in the CRHS Counselor’s Office by Friday* March 26, 2021**

**By initialing below, I acknowledge that I am applying for the following scholarships:**

**\_\_\_\_\_\_\_\_\_** Earl Ray Tomblin Scholarship

\_\_\_\_\_\_\_\_\_ Eddie Eiland Scholarship

\_\_\_\_\_\_\_\_ Erma Ray Lilly Butcher Memorial Scholarship

\_\_\_\_\_\_\_\_ Wilson Arthur And Stella Elizabeth Ray Memorial Scholarship

\_\_\_\_\_\_\_\_ Earl B. and Radine Queen Family Fund Scholarship-Open to all of Logan County

\_\_\_\_\_\_\_\_ Jim Frye Memorial Scholarship **–ONLY FOR THOSE STUDYING THE ARTS!**

\_\_\_\_\_\_\_\_ Sidney W. & Shirley P. Ferrell Endowment Scholarship-Open to all of Logan County

\_\_\_\_\_\_\_\_ Wagner Family Scholarship-Open to all of Logan County

\_\_\_\_\_\_\_\_ Walter Vance Memorial Scholarship-Open to all of Logan County

PLEASE CHECK EACH DESCRIPTION FOR ADDITIONAL REQUIREMENTS. **FAILURE TO SUBMIT THE CORRECT INFORMATION WILL DISQUALIFY YOUR APPLICATION.**

# APPLICATION GUIDELINES

*Deadline:* Applications must be received in the **Chapmanville Regional High School Counseling office** **by 3:00 p.m. Friday, March 26, 2021**. **The following information should be included in order to be considered a *complete application packet*:**

* Application Form
* Official Transcript
* Community Service
* Essay
* Financial Statement
* Signed Media Release Form
* Additional Requirements—check the description for each scholarship to see if additional information is required.

**Application Form:** Use form attached in application unless specified. (See list on next page.)

**Unofficial Transcript**: Guidance Counselor will add this to your application once you turn it in.

**Copies of Test Scores**: You must print a copy of your ACT scores off the ACT website and attach it to your application.

**Essay**: Take time to prepare a developed, well-written, grammatically correct essay. This is your opportunity for the Scholarship Committee to know you individually. While GPA, ACT/SAT scores, financial need, etc. are important selection criteria, a good essay often sets one student apart from others. The essay is to be limited to one –two pages in length. Write an autobiography to include what you plan to major in college and why, any profound educational opportunities you have experienced and those who have inspired you to pursue your dreams. There is no “correct” way to respond to this essay. In writing about something that matters to you, you will convey a sense of self. **The essay must be typed**. *Check each scholarship criteria to see if you are required to write an essay on a particular topic.*

**Media Release Form**-form that must be signed so that you may be recognized for your achievements if awarded a scholarship. **Financial Statement**: Use form attached in application

**EARL RAY TOMBLIN SCHOLARSHIP**

This scholarship was designated for the purpose of helping students who wish to pursue training beyond high school, this includes vocational training and 2 and 4 year colleges.

* Must have a 3.0 GPA to apply
* Attended an accredited vocational, 2 or 4 year college in West Virginia. Open to any major.
* Scholarships will be awarded at all 3 high schools in Logan County.

**EILAND FAMILY SCHOLARSHIP**

* Open to any high school senior with a 3.0 cumulative GPA
* Open to any major of study.
* Must attend a college or university in West Virginia.

**ERMA RAY LILLY BUTCHER MEMORIAL SCHOLARSHIP**

* 3.0 Cumulative GPA required
* For students interested in a major in theatre, drama, speech, the arts, or education

**WILSON ARTHUR AND STELLA ELIZABETH RAY MEMORIAL SCHOLARSHIP**

* + 3.0 Cumulative GPA required
	+ For students interested in a major in theatre, drama, speech, the arts or education

**EARL B. AND RADINE QUEEN FAMILY FUND SCHOLARSHIP-Open to all of Logan County**

This scholarship was designated for the purpose of supporting Southern WV Community and Technical College or its successor in order to provide financial aid to students of Logan County. 3.0 cumulative GPA required to apply.

* Financial need
* Demonstrated academic promise by having a 3.0 overall GPA

**JIM FRYE MEMORIAL SCHOLARSHIP-Open to all of Logan County**

* Any student who wishes to study the arts in college**. One winner for the county is selected!**
* **3.0 cumulative GPA required to apply.**

**SIDNEY W. & SHIRLEY P. FERRELL ENDOWMENT SCHOLARSHIP-Open to all of Logan County**

This is the only scholarship that is renewable; applicants must maintain a 3.0 GPA to be eligible for renewal. Criteria include: Overall 3.0 GPA, desire to pursue a degree at a Post-Secondary college or university.

**WAGNER FAMILY SCHOLARSHIP:** graduating high school senior, with a 3.0 or above GPA, any major.

**WALTER VANCE MEMORIAL SCHOLARSHIP-Open to all of Logan County**

This scholarship is for those students who wish to pursue Pre-Pharmacy or Pharmacy as a major. Criteria include:

* Overall 3.0 GPA
* Enrollment in a post-secondary college or university with the intent to pursue a career in Pharmacy program.

STUDENT APPLICATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

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

 Street or PO Box City State Zip Code

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I live with: \_\_\_\_\_\_ Both parents \_\_\_\_\_\_ Father only \_\_\_\_\_\_ Mother only \_\_\_\_\_ Other

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted? \_\_\_\_\_\_ Yes \_\_\_\_\_ No Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of High School Scholarship Night: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACT Scores: English \_\_\_\_\_\_ Math \_\_\_\_\_\_ Reading \_\_\_\_\_\_ Science Reasoning \_\_\_\_\_\_ Composite: \_\_\_\_\_\_

Will you receive the Promise Scholarship? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Have you ever committed academic dishonesty? \_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_No

How many days of school have you missed your senior year? \_\_\_\_\_\_\_

Have you received notification of a financial aid award from the school you wish to attend? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of award

List other scholarships you have received or *have reason to believe* you will receive:

Scholarship(s): Amount:

I have read the “Application Guidelines” and understand submission procedures and deadline requirement. I hereby release permission to contact the school to verify enrollment and grade point average.

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

Signature Today’s Date

**FINANCIAL FORM**

|  |  |  |
| --- | --- | --- |
| 1. Annual adjusted gross income   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
| 2. Annual income earned from work by   | Father $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Student $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|     | Mother $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |
| 3. Untaxed income/benefits (AFDC, ADC, SSI, etc.)   | Parent(s)  | Student  |
|  List source of benefit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 4. Cash, savings, stocks, bond, CD’s etc.  (exclude retirement fund, i.e. IRA)  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 5. Expected family contribution (from FAFSA)  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |

1. List other sources of financial aid and amounts (including scholarships, loans, etc.) **which you have been awarded**:

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

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

1. Total number in household: \_\_\_\_\_\_ Total number of children attending college this fall: \_\_\_\_\_\_

1. On a separate sheet, please elaborate on any extenuating circumstances for a significant change in income since your last return. Examples: parents retired this year, parents lost job, other siblings in school, terminal illness, accident, death of family member, financial loss, family care responsibility (such as for grandparent or disabled relative) etc.

Father’s Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s current marital status: \_\_\_single \_\_\_married \_\_\_separated \_\_\_divorced \_\_\_widowed

**Certification:** I (we) certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of the Scholarship Program, I (we) agree to give documentation for information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving any aid.

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDIA RELEASE FORM**

Dear Parent/Guardian:

On occasion, representatives from the Logan County Charitable and Educational Foundation wish to photograph and speak with scholarship recipients for publicity events.

In order to release photographs, child’s name and/or comments, to post on local newspaper web sites, we need written permission. To give your consent, please complete the form below.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my child to be photographed, and/or interviewed by representatives from and/or employees of the Logan County Charitable and Educational Foundation for public relations purposes. I authorize the use of my child’s name and the reproduction by the Foundation of any and all photographs taken of my child strictly for publicity reasons as being a scholarship recipient.

Signature of parent or guardian:

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_