

JOSHUA JORDAN SAVYON MEMORIAL SCHOLARSHIP

In loving memory of Joshua who was taken from us far too soon.

Joshua was a bright and inquisitive 9 year old with a heart of gold who loved helping others. For someone so young, he had a great deal of perseverance with a remarkable desire to be good at everything he did. Joshua left a positive impact with everyone he met and unfortunately he was not able to attain his potential. This scholarship is aimed at giving two deserving individuals financial assistance in attaining their potential.

Requirements:

Applicants must be a high school senior with permanent residency in Amherst or Mont Vernon and a minimum 3.2 GPA. Additionally, you must demonstrate a commitment to your community by reflecting service hours and financial need. Attendance at a 4-year college is not required as long as it is a program of full time study. **Applications and essay must be submitted to the SHS Student Services Offices by March 11, 2019. A current transcript will be attached by the SHS Registrar.**

Written Response:

Explain why you began volunteering, how many hours you have accumulated, and in what capacity you have done so. Please describe the value of these experiences and how they have helped you to grow. Finally, address how volunteerism will affect or impact your career goals.

I. Applicant Information

Name _____ DOB _____

Tel# _____ Cell# _____ Email _____

Address _____ City _____ Zip _____

Father's Name _____

Address _____ City _____ Zip _____

Mother's Name _____

Address (if different) _____ City _____ Zip _____

II. Pending College Applications /Goals

School Names 1. _____ 2. _____ 3. _____

Career Goal: _____

III. Signature of Applicant

I certify the information provided in this application is true and accurate to the best of my knowledge.

Signed _____ Date _____

IV. Parent or Guardian Information

FINANCIAL ARRANGEMENTS

**ESTIMATED ANNUAL SCHOOL COSTS
STUDENT**

TO BE FURNISHED BY

Tuition	\$ _____	Help From Family	\$ _____
Room	\$ _____	Part Time Job	\$ _____
	Work/Study Program	\$ _____	Meals
Books	\$ _____	Scholarships	\$ _____
Fees	\$ _____	Other	\$ _____
\$ _____			Other

I certify that I have read and understand the information contained in this application and completed all the questions completely and honestly to the best of my knowledge, and agree to comply with all said rules and requirements.

Signature _____

Date _____

PARENTS or GUARDIAN STATEMENT

This Scholarship is granted on factors of scholastic and community accomplishments, goals in life, and financial need. As a result of the latter, we must ask that you provide the committee with minimum information as to the family income. Following the awarding of the scholarships, the applications will be destroyed.

How many adults in the family work to provide for the family?

What is the total annual income from all sources?

V. Signature of Parent or Guardian

As this scholarship is partially determined on the basis of financial need, please attach a brief statement regarding your need for financial assistance. You may take this opportunity to explain any extenuating circumstances in your or your student's life that you feel the Scholarship Committee should take into consideration.

Signature of Parents or Guardian

We have read this entire application and certify the information, provided is true and accurate to the best of our knowledge.

Signed _____ **Date** _____