

# **SHORTRIDGE ALUMNI ASSOCIATION**



## **LEGACY SCHOLARSHIP APPLICATION PACKET**

# Shortridge Alumni Association 2023-2024

## Legacy Scholarships (Merit and Empowerment)



**Purpose:** *To recognize one or more Shortridge High School seniors who have demonstrated academic achievement, leadership in school, and civic participation and those who present “their case” for financial assistance for continued education, by showcasing their skills, talents, and character strengths as deserving of the award.*

**Award:** *Total scholarship award not to exceed \$5,000.00 per recipient. Award to be paid upon verification of enrollment in an academically accredited institution. Award must be used within one academic school year or funds returned to the Association for future scholarship awards.*

**Funding:** Funding for this scholarship will be from funds approved and available from the Shortridge Alumni Scholarship fund and additional grants and gifts to the Association.

**Candidate Criteria:** Be a **graduating senior** having attended Shortridge High School with a history of leadership and service through extra-curricular activities both at school and in the community.

**Written Personal Statement** as identified in the section below.

**Merit Award applicants** require a cumulative Grade Point Average (GPA) of **3.0 or higher**.

**Empowerment Award applicants** require a cumulative Grade Point Average (GPA) of **2.00 to 2.9**.

**Selection:** The Alumni Scholarship Committee will accept student applications from the Shortridge Guidance Representative.

**Scholarship Committee:** The Alumni Scholarship committee members will interview the candidates and select the recipient(s) for the awards.

**Award Presentation:** Legacy Scholarship recipient(s) will be recognized during the annual awards day each year.

**Implementation:**

- Monday, March 4, 2024**  
Announcement of Scholarship to Students  
Application Packets Available
- Friday, April 12th, 2024**  
Student Application Deadline- submit by email to  
SAA24scholarship@gmail.com
- Monday, April 22<sup>nd</sup>, 2024**  
Guidance /Faculty Reviews and Recommendations due.  
Submit to SAA24scholarship@gmail.com
- Week of May 6th, 2024**  
Alumni Scholarship Committee Interviews of Applicants  
**Specific Date(s) to Be Announced**

Announcement and Awarding of Scholarship will take place at the school awards ceremony  
**STUDENTS MAY COPY ANY OR ALL PARTS OF THIS APPLICATION**

# STUDENT APPLICATION



*Select One Only*

- Legacy Merit Award
- Empowerment Award

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Class Rank: \_\_\_\_\_ (if available when you apply) Grade Point Average (GPA): \_\_\_\_\_

Email address: \_\_\_\_\_

List any Standardized Tests & Results (If you wish to have them considered): ( Ex. ACT/ SAT, etc.)  
*Not Required for application submission.*

	Scores
_____	_____
_____	_____
_____	_____
_____	_____

List Below Name and Address of Each Parent/Guardian:

Name/Relationship	Contact Telephone:
_____	_____
_____	_____

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**A Parent must also sign on page 8.**

**SHS Alumni Legacy Scholarships Application (continued)**

**Extra-Curricular Activities** (*Use one additional page if necessary.*)

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**Honors You Have Earned** (*Use one additional page if necessary.*)

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**Colleges or Universities You Plan to Attend (Or Have Applied):**

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**Have You Been Admitted to the College/University Listed Above?**

**Yes                  No**

**Have You Been Employed Outside of High School?**

**Yes                  No**

**If Yes, List Organization and Describe Your Responsibilities.**

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

**Legacy Scholarship**

**The Student Personal Statements (required):**

**Personal Statement:**

**In order to paint a complete picture for the Scholarship Review Committee to evaluate your application, please include two Personal Statements, that speak to your strengths, reasons for applying for the scholarships, and career goals.**

**Criteria**

The applicant shall submit two Personal Statements in response to the Personal Statement Topics listed below. The statements must be attached with the applicant's name and contact information included and submitted with the packet by the deadline. If you are submitting a piece of artwork, a portfolio or some other three-dimensional project, you must respond to Topic D.

**Personal Statement Topics (choose two from below):**

- A. Describe a weakness or obstacles you have had to overcome during your high school career. How will these experiences impact your collegiate career and beyond? (250 words)
- B. Aside from your degree, what do you hope to gain from your collegiate career? (250 words)
- C. Describe your motivation behind continuing your education. Speak briefly to what drives you as well as your passion. Describe how your work ethic supports your goals. (250 words)
- D. If you are submitting a portfolio that does not include a brief written description of the portfolio's individual elements (their purpose, meaning, and desired impact), then please provide that for this essay's content. (A portfolio may include photographs that you have taken as a creative photographer, photos of paintings or artistic creations. Or projects such as an event you created or participated in. Or elements of a program you designed, etc.). (250 words)

If you have original elements (particularly if they are three dimensional like a sculpture or one painting), you are welcome to bring them if you are invited to the Interview Stage of the Scholarship Review process in May.

**SHS ALUMNI ASSOCIATION LEGACY SCHOLARSHIP**

# **SERVICE SPONSOR RECOMMENDATION**

**This sheet is to be given to a student’s Service Sponsor and Emailed by the Service Sponsor to: [SAA24scholarship@gmail.com](mailto:SAA24scholarship@gmail.com) no later than Monday, April 22, 2024**

where it will be added to the student’s packet for review by the Scholarship Committee.

**Instructions to Student:**

1. Print/type your name: \_\_\_\_\_
2. Print/type the name of the teacher, faculty sponsor or outside sponsor evaluating your service.

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3. Print/type (on the line below) the name of the service or activity supervised by the adult listed in #2 (above):

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**Instructions to Evaluating Teacher/Faculty/Sponsor:**

1. Please see suggested criteria for evaluation.
2. Sign your name in space provided.
- 3. Please return completed form for the student by Monday, April 22, 2024.**

**Suggested Service Evaluation Criteria:**

1= Needs improvement      2 = Average      3 = Above average      4 = Outstanding

1. Is resourceful in resolving problems.	
2. Exercises influence on peers in upholding school ideals.	
3. Exemplifies positive attitudes.	
4. Inspires positive behavior in others.	
5. Is trusted by adults and peers.	
6. Is dependable in any responsibility accepted.	
7. Is reliable and dependable and exhibits follow through without prodding.	

**I recommend this student for the Shortridge Alumni Association Legacy Scholarship for the following reasons. (Please use the back of this paper or an another sheet to express your support for this candidate’s scholarship.)**

\_\_\_\_\_  
(Signature of Evaluating Service Sponsor)

\_\_\_\_\_  
Email

Phone: \_\_\_\_\_

Date \_\_\_\_\_

**SHS ALUMNI ASSOCIATION LEGACY SCHOLARSHIP  
FACULTY SPONSOR/ADVISOR RECOMMENDATION**

**This sheet must be given to a student's Service Sponsor and Emailed by the Service Sponsor to: [SAA24scholarship@gmail.com](mailto:SAA24scholarship@gmail.com) no later than April 22, 2024**

where it will be added to the student's packet for review by the Scholarship Committee.

**Instructions to Student Candidate:**

1. Print/type your name. \_\_\_\_\_
2. Print/type the name of the teacher, faculty sponsor, evaluating you below: \_\_\_\_\_

3. Print/type (on the line below) the name of the course or activity taught by the adult listed in #2 (above): \_\_\_\_\_

**Instructions to Evaluating Teacher/Sponsor:**

1. Please see suggested criteria for evaluation.
2. Sign your name in space provided.
3. Please return completed form by Monday, April 22nd, 2024.

**Suggested Service Evaluation Criteria:**

1= Needs improvement      2 = Average      3 = Above average      4 = Outstanding

1. Is resourceful in resolving problems.	
2. Exercises influence on peers in upholding school ideals.	
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6. Is dependable in any responsibility accepted.	
7. Is reliable and dependable and exhibits follow through without prodding.	

**I recommend this student for the Shortridge Alumni Association Legacy Scholarship for the following reasons. (Please use the back of this paper or an another sheet to express your support for this candidate's scholarship.)**

\_\_\_\_\_  
(Signature of Evaluating Faculty/Advisor or Sponsor)

\_\_\_\_\_  
Email

Phone: \_\_\_\_\_

Date \_\_\_\_\_

# SHS Alumni Assoc. Scholarship Checklist



Applicant should email this entire application packet to [SAA24scholarship@gmail.com](mailto:SAA24scholarship@gmail.com) by the deadline below. (It may be sent in Word or Pdf format.) We recommend that the applicant keep the original paperwork of their document (for their own records) in case a request for another copy is made.

Check or initial each box below to indicate that you believe that you have completed each part of the application. If something is missing or a recommendation is not returned, the committee will see that you believe it should have been included.

- Application Completed**
- Essays Completed**
- Personal Statement Completed**
- Service Sponsor Recommendation Given to Sponsor** (Return by Email 4/22/24)
- Faculty Sponsor Recommendation Given to Faculty** (Return by Email 4/22/24)
- Student and Parent (or Guardian) Signatures Completed below**

**Completed Student Applications should be emailed to**  
**[SAA24scholarship@gmail.com](mailto:SAA24scholarship@gmail.com) by:**  
**3:00 p.m.**  
**on Friday, April 12th 2024**

Signed \_\_\_\_\_  
Applicant's full name

Dated: \_\_\_\_\_  
Application date submitted

\_\_\_\_\_  
Applicant Parent or Guardian - sign and date above





**LEGACY SCHOLARSHIP  
APPLICATION PACKET  
may also be returned to:**

**Shortridge H.S Guidance Counselor Office**

**By: Friday, April 12th, 2024  
(students)**

**no later than  
3:00 P.M.**