

**Howard Ray Stokes Memorial Academic Scholarship
(Scholarship Amount of \$500.00)**

General Instructions:

Please read application completely before you begin this process. If a line does not apply to you, write NA (not applicable) on it to indicate that you have read it. Please print or type. You may address any questions to Linda Stokes Fritz, chairman of TCCHSAA Scholarship Committee @ 270-886-1731.

Eligibility Requirements:

- Applicants must be residents of Todd County and 2019 graduates of Todd County Central High.
- Applicants must have a 3.5 out of 4.0 GPA.
- Applicants must be enrolled full time in a post-secondary institute such as a four-year college or university, two- or four-year vocational/technical school or institute.
- Scholarship funds will be paid directly to the post-secondary institute upon official notification of enrollment from the registrar. Funds will **not** be made payable to any individual. The funds can be applied to tuition, books, and college-related fees. Funds must be used within the first two semesters, Fall 2019 or Spring 2020. By Feb.15, 2020, any unused funds will be returned to TCCHSAA Scholarship Fund and used for future scholarships.

Selection Criteria:

Academic Achievement	40%
School/Community/Work Involvement	30%
Personal Essay	20%
Letters of Recommendation	10%

A committee will review and give careful consideration to each application. There will be no discrimination based upon sex, race, national origin, religion, or special needs. The decision of the committee is final. School personnel and committee members will keep all information provided in complete confidence. All applications, except for that of the awardee, will be shredded at the end of this process to protect private information. Your guidance counselor will be notified in mid-May.

Each eligible applicant must

- Enclose a current high school transcript.
- Attach **two** current letters of recommendation from **TCCHS teachers**.
- Attach **two** current letters of recommendation from **non-family** members.
- Type a two-page essay expressing why he or she wants to be considered for this scholarship. The essay must address the area of collegiate study chosen and the applicant's goals.
- Complete the entire application process.

Failure to meet eligibility or to complete information will disqualify your application.

Recipients shall not be eligible for renewal of the scholarship.

All applications must be given to the guidance counselor on or before April 15, 2019.

If you receive this scholarship, please send a 'thank you note' to Mr. and Mrs. Bill Fritz, P.O. Box 72, Fairview, KY 42221.

Application

Personal Information:

Full Name _____

Date _____

____ I am a resident of Todd County.

____ I will be a 2019 graduate of Todd County Central High.

____ I will attend a post-high school institution in the fall of 2019.

Address _____

City _____, KY Zip Code _____

Phone Number _____

Parent's/Guardian's Name _____

Academic Information:

Overall High School Grade Point Average _____ as of third nine weeks.

American College Test (ACT) standard scores:

English _____ Math _____ Reading _____ Science _____ Composite

Score _____

List any school activities, offices held, or honors that have been a part of your high school experience.

List any community activities, charities, or organizations in which you have been involved.

List your employment history, job duties, location, and duration during your high school years.

Any other comments for the scholarship committee to take into consideration:

Essay:

On a separate piece of paper express why you want to be considered for this scholarship, address the area of collegiate studies you have chosen, and your goals. Guidelines are two typed pages and type size no larger than 12-point and double-spaced.

Student, Parents/Guardians, and Guidance Counselor Acknowledgements:

I verify the school-scholastic information and the transcript are correct to the best of my knowledge. This student is in good standing with Todd County Central High School.

Signature of Guidance Counselor _____

Date _____

By signing below, I acknowledge that I have read the scholarship application and that I meet the qualifications as outlined in the packet. This signature gives permission to release my transcript and personal information to the TCCHSAA Scholarship Committee and allows the TCCHSAA to release my name and photo should I be named the recipient of the scholarship.

Full Signature of Applicant

Date _____

Signature(s) of Parent or Guardian

Date _____

Date _____