

Todd County Central High School Alumni Association
Accounting/Business Scholarship
(One Scholarship of \$1000.00)

Please select: _____ scholastic _____ trades/technology

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 3.0 out of 4.0 GPA.
- Applicants must be enrolled full time in a post-secondary institute such as a four-year college or university or a two- or four-year vocational/technical school or institute.
- **Applicants for this scholarship must pursue a degree in either accounting and/or business in order to qualify for the scholarship.**
- Scholarship funds will be paid to the student with verification of enrollment from the college or post-secondary school/institute. 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:

Financial Need	35%
Academic Achievement	35%
School/Community/Work Involvement	15%
Personal Essay	10%
Letters of Recommendation	5%

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 **four** current letters of recommendation with **two of the four** 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 Mrs. Joyce Wright Darby, TCCHS AA Treasurer, P.O. Box 611, Elkton, KY 42220.

Application 2019

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.

____ I will pursue a degree in accounting and/or business.

Address _____

City _____, KY Zip code _____

Phone
number _____

Parent/Guardian Name(s)

Did your parent/guardian attend TCCHS?

Have you received another scholarship(s)? If yes, please list source and the amount.

Number of adults _____ and children _____ in your household.

The parent's/guardian's adjusted gross income as stated on last federal tax return:

____ below \$20,000

____ between \$20,001 and \$40,000

____ between \$40,001 and \$60,000

____ between \$60,001 and \$80,000

____ above \$80,000

Essay:

On a separate piece of paper express why you want to be considered for this scholarship. Also 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 and 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 Parents or Guardians

Date _____

Date _____