

APPLICATION FORM

(Title Page)

GABE WILSON, CHARLIE PHILLIPS & SCOTT BRUENGER

MEMORIAL SCHOLARSHIP

Logan-Rogersville High School

(One year \$1,000 Scholarship - \$500 per semester)

I _____ will graduate this spring from the Logan-Rogersville High School and plan to continue my education starting no later than the following fall. If I am chosen as the Recipient of the scholarship I understand that in order to accept this award I must continue my education as specified in this application or forfeit this benefit. I certify that the information provided in this application is true and correct to the best of my ability. I also consent that the Scholarship Selection Committee be fully informed as to my scholastic standing, character, and other factors having a bearing on this application.

Student's Full Name _____ Soc Sec # _____

Home Address _____

City/State/Zip _____ Telephone # _____

School Choice _____ Telephone # _____

Address _____

City/State/Zip _____

Student's Signature _____ Date _____

Counselor's Signature _____

Applicant Number _____

(To be completed by Counselor)

Gabe Wilson, Charlie Phillips & Scott Bruenger Memorial Scholarship CRITERIA

Purpose and Amount: To provide an annual \$1,000.00 grant to a graduating senior of Logan Rogersville High School; based on amount available to spend (ATS). Funds are to be used for education at an accredited university, college, or junior college, trade school or vocational/technical school. In the event the fund can provide two scholarships or one full scholarship and one partial scholarship, the Selection Committee is authorized to select two recipients for that year.

One \$1,000.00 scholarship will be awarded for the 2017-18 academic year.

Criteria for Eligibility:

- Upper ½ of graduating class (GPA of 2.0 or better);
- Financial need and no other scholarship received;
- Involvement in some type of sports activity during their high school career (baseball, basketball, track, football, volleyball, tennis, cheerleading, etc.);
- ACT Composite score;
- Exhibited good citizenship in the school environment and participated in extracurricular activities of some sort;
- Work experience;
- Essay required.

Selection Committee:

- Superintendent of Logan Rogersville School District;
- Principal of Logan Rogersville High School;
- Athletic Director of Logan Rogersville High School;
- One Counselor of Logan Rogersville High School (not involved in #3 of the Selection Process.)
- Two local business or community leaders to be appointed by the Superintendent of Schools;
- Children of the Selection Committee members are not eligible for the scholarship unless that member resigns.

Selection Process:

- All potential candidates must request and complete a scholarship application; Information will be distributed through the counselor's office;
- All scholarship applications should be returned to the counselor's office
- The counselor's office will then verify information and eliminate any applications that do not meet the above criteria. The counselor will then assign a number to the title page of the application, and the application, then remove the title page and any identifying names before the applications are presented to the Selection Committee;
- The Selection Committee will meet to review the qualified applications. The Committee's review and selection will be on an anonymous basis so as to prohibit any discrimination based on race, sex, national origin or religion;

- The Selection Committee should consider all facets of the application including the student's narrative regarding his/her personal and academic achievements and goals;
- An alternate recipient should be selected in case the recipient is unable to proceed with their educational plans;
- All scholarship applications will be submitted to Community Foundation of the Ozarks to be maintained as mandated by IRS guidelines.

Notification:

- The recipient will receive an award letter from Community Foundation of the Ozarks including instructions to **activate** the scholarship.
- Upon receipt of required documentation to CFO, the scholarship check will be issued to the post-secondary institution to be deposited into the recipient's student account; applied ½ Fall semester and ½ Spring.

Scholarship Criteria, Amendments and Changes:

- The Selection Committee, from time to time, may deem it necessary to change the scholarship criteria;
- These changes can be made in the following manner, however, selection criteria #3 MUST remain;
 1. Mutual consent of the Wilson, Phillips (deceased) and Bruenger (moved, left no forwarding address) parents, during their remaining lives;
 2. A two-thirds vote of the Selection Committee;
 3. Mutual consent of the Wilson, Phillips or Bruenger parents and the Selection Committee;
 4. All changes to the scholarship criteria must be submitted to Community Foundation of the Ozarks for final approval.

DEADLINE to your High School Counselor

-- below this line is for Wilson/Phil/Brueg Selection Committee administrative use only -----

<p>ONCE RECIPIENT IS SELECTED – Please mail NOMINATION Form and COPY of their APPLICATION to</p>

Beth Hersh, Scholarship Coordinator
 Community Foundation of the Ozarks, P O Box 8960 Springfield MO 65801
 [for UPS or Fed-X send to 425 E Trafficway, Springfield MO 65806]
 (417) 864-6199 or bhersh@cfozarks.org

[DEADLINE for CFO to receive Recipient name/copy of App – April 14, 2017]

OBJECTIVE CRITERIA INFORMATION
GABE WILSON, CHARLIE PHILLIPS & SCOTT BRUENGER
MEMORIAL SCHOLARSHIP

Parts I, II and III of this form are to be completed by the Applicant's Counselor. Parts IV, V and VI are to be completed by the Applicant. All pages along with the Title Page must be returned to the Counselor's office. (Please type or print legibly.)

- I. College Entrance exam score (ACT or SAT) if applicable
Note: Please circle the type of examination taken and enter the composite of combined score.

- II. Applicant's cumulative high school grade point average (GPA).
Note: Exclude spring semester of senior year

- III. Please list Applicant's classes and grades for terms indicated.
Note: Indicate any Honors Classes with *

Junior Year _____ Grade _____ Senior Year _____ Grade _____

Applicant Number _____
(As assigned by Counselor on
the Title Page)

IV. Financial Need - In the space provided please indicate your family's adjusted gross income from last year's tax return.

_____ under \$15,000 _____ \$25,000 to \$30,000 _____ over \$50,000
_____ \$15,000 to \$20,000 _____ \$30,000 to \$35,000
_____ \$20,000 to \$25,000 _____ \$35,000 to \$50,000

Total number of family members living at home _____

Number of dependents in your parent's family including yourself:

Children _____ Ages _____ # attending college of furthering their education _____

Other financial considerations which need to be noted: _____

V. Extracurricular Activities - Sports, Organizations and Clubs through school affiliation. (Show years of involvement and indicate any office or leadership positions which were held.)

Honors and Awards _____

Community or Other Activities _____

VI. Work Activities

Indicate what you have done in planning ahead to meet your anticipated expenses required to complete your educational or training goals. _____

Are you currently employed? Yes _____ No _____ If yes, how many hours per week and what type of work? _____

How much of your anticipated expenses have you earned and saved yourself? _____

