NORWALK HIGH SCHOOL

DR. VIOLA SKENDERIS COMMUNITY
SCHOLARSHIP APPLICATION

2019-2020

Local civic, industrial groups, and individuals annually offer scholarships based on need and merit to Norwalk High School graduating seniors. Some of these organizations ask us to select the candidates for their scholarships; others select their own candidates.

The NHS Scholarship Committee's goal is to recognize and make awards to students based upon the following: class leadership; good citizenship in the school and the community; contributions to their class, school and community; financial need; class rank and a minimum cumulative GPA of 2.5.

The designated amount may be paid on behalf of the recipient to the college to which he/she has been admitted and plans to attend or directly to the recipient. These awards are for one year and will be awarded to students who may need financial aid to pursue higher education; therefore, it is essential that each applicant furnish complete and accurate information regarding self and need. A parent/guardian signature must accompany the applicant's signature.

Awards will be presented at the Dr. Viola Skenderis Community Scholarship Program Ceremony on Monday June 1, 2020 in the Norwalk High School auditorium.

Parents' Signed 2019 Income Tax Return must accompany this application. IF AN APPLICATION IS SUBMITTED WITHOUT A 2019 TAX RETURN, THE STUDENT WILL NOT BE CONSIDERED FOR ANY NEED BASED SCHOLARSHIPS; unless 2019 Return is submitted prior to 4/1/20 with the 2018 Return attached to this application.

Deadline Date: February 28, 2020
PLEASE RETURN TO YOUR COUNSELOR
Please answer fully all the information required so that your application can be completely evaluated.

NAME_____________________________

ADDRESS____________________________ PHONE____________________________

WILL ATTEND: 4 YR COLLEGE____ 2 YR COLLEGE_____ TECHNICAL SCHOOL____

NAME OF SCHOOL PLANNING TO ATTEND____________________________________

INTENDED MAJOR__________________________________________________________

FUTURE CAREER PLAN_______________________________________________________

FATHER OR GUARDIAN’S NAME__________ MOTHER OR GUARDIAN’S NAME_________

COUNSELOR’S NAME _______________________________________________________

COUNSELOR’S COMMENTS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PLEASE SUBMIT A SIGNED COPY OF BOTH PARENTS’ 2019 INCOME TAX RETURN OR STATE
ASSISTANCE VERIFICATION TO BE CONSIDERED

The Selection Committee puts less emphasis on this information in making its decisions since colleges make
financial awards to those applicants showing greatest financial need.

1. Total family income before deductions: $__________________________
   A. Total number of dependents as per Form 1040______________________
   B. Number of dependents in post-high school education; (DO NOT INCLUDE YOURSELF)___________
   C. List dependent name(s) and institute they are currently attending:

                                                                                           __________________________
                                                                                           __________________________
                                                                                           __________________________
                                                                                           __________________________

2. Brief outline of unusual financial burden: ________________________________
                                                                                           __________________________
                                                                                           __________________________
                                                                                           __________________________
                                                                                           __________________________

3. Are you a citizen? Yes_____ No_____ If no, do you have an Alien Registration Card? Yes_____ No_____  

4. Education expenses (for top school, best estimate):
   A. Room and Board $__________________________  B. Tuition and Fees $__________________________
The Selection Committee puts emphasis on school, community, employment involvement, and academic achievement in making its decisions about scholarship winners. Therefore, do not be humble. In the space provided, tell the Scholarship Committee about your activities.

List only those activities that you were involved in during your high school years. Remember, all fields are required. No additional attachments are allowed.

### A. School: Activities to include sports, clubs, etc. During High School Years Only

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<thead>
<tr>
<th>Activity</th>
<th>Year of Activity</th>
<th>Hours Per Week</th>
<th>Office Held</th>
<th>Awards/Honors</th>
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### B. Community Activities: High School Years Only (All Fields Required)

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<th>Dates of Activity</th>
<th>Hours Per Week</th>
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### C. Employment: High School Years Only (All Fields Required)

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**Other Info:**

________________________________________________________________________________________

________________________________________________________________________________________
NOTE: PLEASE ANSWER EACH QUESTION:

1. Is either parent a member of the N.F.T. or N.F.E.P. union? Yes ___ No ___ Which Union? __________

2. Were you a member of the NHS Band ___ Years, Choir ___ Years, Color Guard ___ Years, Marching Bears ___ Years

3. Is either parent a veteran? Yes ___ No ___ Dates: From ___ to ___

4. Did you graduate from West Rocks Middle School? Yes ___ No ___

5. Did you graduate from Wolfpit School? Yes ___ No ___

6. Did you graduate from Columbus School? Yes ___ No ___

7. Did you graduate from Marvin School? Yes ___ No ___

8. Did you graduate from Naramake School? Yes ___ No ___

9. Did you graduate from Tracy School? Yes ___ No ___

10. Athletics in High School? _____ Number of Years. Athletics in college? Yes ___ No ___ Sport __________

11. Did you participate in Cranbury League Baseball? Yes ___ No ___

12. Are you an active member in the Key Club? _____ Years _____

13. Were you ever an English as a Second Language student? Yes ___ No ___

14. Do you have any connection to the Norwalk High School Class of 1986? Yes ___ No ___
   a. If Yes, how ____________

15. Do you plan on pursuing a degree in Marketing? Yes ___ No ___

16. Do you plan on pursuing a degree in Communications? Yes ___ No ___

17. Do you plan on pursuing a degree in Fine Arts? Yes ___ No ___

18. Have you previously applied for financial aid? Yes ___ No ___

19. Have you been awarded a scholarship from a college? Yes ___ No ___

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FAILURE TO SUBMIT A SIGNED PARENT 2019 IRS RETURN OR STATE ASSISTANCE VERIFICATION MAY PRECLUDE THE STUDENT FROM BEING CONSIDERED FOR SOME SCHOLARSHIPS.

Deadline Date: February 28, 2020 PLEASE RETURN TO YOUR COUNSELOR.

NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED UNDER ANY CIRCUMSTANCES.

In consideration of the facts set forth in this application, I hereby apply for a scholarship for the academic year beginning in August/September 2020 to be paid in my behalf, if I am selected as a recipient, to the school of my choice. I affirm that all information presented in this application is complete and accurate.

______________________________   __________          __________________
SIGNATURE OF APPLICANT          DATE                      SIGNATURE OF PARENT/GUARDIAN          DATE

COUNSELOR USE ONLY:

CLASS RANK _______ GPA _______ (Students must have a minimum of a Cumulative 2.50 GPA at the conclusion of Junior Year to be eligible for all scholarships reviewed by the NHS Scholarship Committee)