



2018-2019

NORWALK HIGH SCHOOL

DR. VIOLA SKENDERIS COMMUNITY SCHOLARSHIP APPLICATION

STUDENT NAME _____ ID# _____ COUNSELOR _____

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 2.50.

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.

Parents' Signed 2018 Income Tax Return must accompany this application. IF AN APPLICATION IS SUBMITTED WITHOUT A 2018 TAX RETURN, THE STUDENT WILL NOT BE CONSIDERED FOR ANY NEED BASED SCHOLARSHIPS; unless 2018 Return is submitted prior to 4/1/19 with the 2017 Return attached to this application.

Please answer fully all the information required so that your application can be completely evaluated.

1. NAME _____ SOCIAL SECURITY # _____

2. ADDRESS _____ PHONE _____

3. WILL ATTEND: 4 YR COLLEGE _____ 2 YR COLLEGE _____ TECHNICAL SCHOOL _____

4. NAME OF SCHOOL PLANNING TO ATTEND _____

a) MAJOR _____

5. FUTURE CAREER PLAN _____

6. COUNSELOR'S NAME _____

7. FATHER OR GUARDIAN'S NAME _____ MOTHER OR GUARDIAN'S NAME _____

9. COUNSELOR'S COMMENTS: _____

PLEASE SUBMIT A SIGNED COPY OF BOTH PARENTS' 2018 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 \$_____

PLEASE FILL IN ALL FIELDS ON THIS FORM!!! ONLY THIS FORM WILL BE ACCEPTED!!!

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

ACTIVITY	YEAR OF ACTIVITY REQUIRED	HOURS PER WEEK REQUIRED	OFFICE HELD	AWARDS/HONORS

B. COMMUNITY ACTIVITIES: HIGH SCHOOL YEARS ONLY (ALL FIELDS REQUIRED)

ACTIVITY	DATES OF ACTIVITY REQUIRED	HOURS PER WEEK REQUIRED	OFFICE HELD	AWARDS/HONORS

C. EMPLOYMENT: HIGH SCHOOL YEARS ONLY (ALL FIELDS REQUIRED)

EMPLOYER	DATES OF EMPLOYMENT REQUIRED	HOURS PER WEEK	POSITION HELD

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. Athletics in High School? ___ Number of Years. Athletics in college? Yes ___ No ___ Sport _____
10. Did you participate in Cranbury League Baseball? Yes ___ No ___
11. Are you an active member in the Key Club? ___ Years _____
12. Have you previously applied for financial aid? Yes ___ No ___
13. Have you been awarded a scholarship from a college? Yes ___ No ___
14. Were you ever an English as a Second Language student: Yes ___ No ___

<u>SOURCE</u>	<u>AMOUNT GRANTED</u>	<u>PENDING</u>

FAILURE TO SUBMIT A SIGNED PARENT 2018 IRS RETURN OR STATE ASSISTANCE VERIFICATION MAY PRECLUDE THE STUDENT FROM BEING CONSIDERED FOR SOME SCHOLARSHIPS.

Deadline Date: February 13, 2019 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 September 2018 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 PARENT/GUARDIAN	DATE	SIGNATURE OF APPLICANT	DATE
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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)