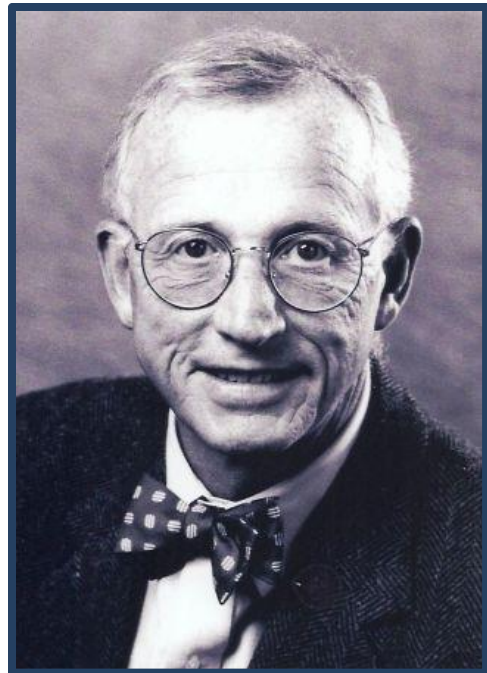


# Dr. Allen Smith Memorial Scholarship

The *Dr. Allen Smith Memorial Scholarship* was established through a \$500,000 gift to the Foundation for Appalachian Ohio, in honor of the late **Dr. L. Allen Smith**, a native of Jackson, Ohio, and graduate of Ohio University. The Smith Scholarship also honors the work and legacy of Dr. Smith's mother, the late **Mary Ellen Smith**.

Dr. Smith was a man of many interests and led two distinguished careers simultaneously. He was a professor in the Graduate School of Library and Information Science at Simmons College in Boston for 31 years, and associate dean from 2006 until his death in August, 2008. At the same time, Dr. Smith was also a highly skilled Farrier, a shoer of horses, serving two terms as president of the American Farriers Association. A native of Jackson County, Mary Ellen Smith served as the first female member of the Jackson City School Board, including as President of the Board.



From the *Dr. Allen Smith Memorial Scholarship Fund*, two scholarships will be awarded, both to Jackson County students – the *Smith Scholastic Award for Achievement in Math, Science and Engineering* and the *Smith Community Service Award*, to honor Mary Ellen Smith's legacy of community service and stewardship.

The *Dr. Allen Smith Memorial Scholarship Fund* provides a permanent source of scholarship support to students graduating from Jackson City High School, where Dr. Smith was a student and his mother served.

## Eligibility Requirements

Scholarships will be awarded exclusively to graduates of Jackson City High School and shall be distributed to institutions of higher learning selected by scholarship recipients. Both the *Smith Scholastic Award* and *Smith Community Service Award* are intended to be awarded to students planning to attend a **4 year Ohio college or university**. Non-traditional students meeting the selection criteria are also welcome to apply.

The selection criterion for the *Smith Scholastic Award* includes:

- high overall academic achievement, with a particular emphasis on high achievement and career interest in the Math, Science or Engineering fields;
- financial need; and
- community and extracurricular involvement, including musical and cultural activities.

The selection criterion for the *Smith Community Service Award* includes:

- high overall academic achievement, with particular emphasis on high achievement and career interest in music or arts;
- financial need; and
- strong community and extracurricular involvement, demonstrating significant community service contributions and a commitment to live lives of productive community service and stewardship.



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OHIO

## Award Amounts

At least two scholarships will be awarded annually, one *Smith Scholastic Award* and one *Smith Community Service Award*.

# Dr. Allen Smith Memorial Scholarship Guidelines and Application



THE FOUNDATION FOR  
APPALACHIAN  
OHIO

**Directions:** Please review the following steps to complete the Dr. Allen Smith Scholarship Application.

**Step 1:** Please review the eligibility requirements for the Dr. Allen Smith Scholarship Award on page two and confirm you meet the guidelines.

**Step 2:** Complete the attached application, including:

- **Transcript Information** - High school seniors or students who have completed less than one full semester of postsecondary education must have the appropriate high school representative complete the transcript section of this application.

**Step 3:** **Complete a FAFSA** (Free Application for Federal Student Aid) Form and attach the Student Aid Report (SAR) with this application. For assistance in completing the FAFSA, contact the Ohio Appalachia Center for Higher Education at 1.866.GO.OACHE (1.866.466.2243).

**Step 4:** If any questions on the application are not applicable to your current situation, please include an explanatory note so as not to exclude your application from review.

**Step 5:** A completed application and supporting materials must be submitted in order for FAO's Scholarship Committee to consider you for an award. Applications may not be faxed and must be sent or delivered to: **FAO | P.O. Box 456 | Nelsonville, Ohio 45764.**

Please note, *FAO reserves the right to process only applications found to be complete as of the application postmark deadline.*

**This application becomes valid only when the following have been submitted, postmarked on or before TBD:**

\_\_\_\_ Original and One Copy of Application, including all required signatures

\_\_\_\_ Current Transcript of Student Grades, if applicable

\_\_\_\_ Student Aid Report (SAR) from the FAFSA (Free Application for Federal Student Aid)

**Review Process:** The Foundation annually appoints a Scholarship Committee to recommend awards. Final approval is made by the FAO Board of Trustees. The decisions of the Board are final. Scholarships will be paid directly to the scholar's college or university.

**Notification of Awards:** All scholarship award recipients will be officially contacted by the Foundation no later than TBD. You may check the Foundation's website at [www.appalachianohio.org](http://www.appalachianohio.org) for a complete posting of all scholarship recipients by TBD.

# Dr. Allen Smith Memorial Scholarship Application



THE FOUNDATION FOR  
APPALACHIAN  
OHIO

## For Office Use Only

Student FIMS I.D. # \_\_\_\_\_ Award Amount: \_\_\_\_\_

I am applying for  the *Smith Scholastic Award* and/or  the *Smith Community Service Award*.

## Applicant Information

Mr.

Ms.

NAME: First

Middle Initial

Last

Date of Birth: \_\_\_\_\_

Expected Family Contribution, EFC: \$ \_\_\_\_\_  
\* from the Student Aid Report (SAR) of your FAFSA

Current Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## Family Information

Name of parent/guardian(s): \_\_\_\_\_

Permanent mailing address and telephone number of parent/guardian:

Street City State Zip Phone

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest level of education attained by father: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest level of education attained by mother: \_\_\_\_\_

Brothers' and Sisters' Names and Ages:

_____	_____
_____	_____
_____	_____
_____	_____



## Personal Statements

Please describe your work experience during the past four (4) years. Indicate dates of employment in each job and approximate number of hours worked each week, add additional sheets if necessary.

Company/Organization	Position	Dates Worked	Hours/week
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Please list all volunteer school, community, extracurricular, arts, musical and cultural activities you have participated during the past four years, indicating any special awards and honors.

Activity/Award/Honor	Years Participated
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Please note your plans as they relate to your future educational & career objectives and goals.

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Please describe how this scholarship would help you and your family.

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## Transcript Information

- High school seniors** must include a Jackson City High School transcript of grades and have the following section completed by the appropriate school official.
  - Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_.
  - Cumulative grade point average: \_\_\_\_\_ / 4.0 scale \_\_\_\_\_ weighted \_\_\_\_\_ un-weighted
- Students currently enrolled in college** must include their most recent college transcript of grades and proof of graduation from Jackson City High School.

**For those in applicants in high school, student has completed the following (please indicate scores below):**

- SAT Verbal: \_\_\_\_\_
- SAT Math: \_\_\_\_\_
- SAT Writing: \_\_\_\_\_
- SAT Composite: \_\_\_\_\_
- ACT Standard English: \_\_\_\_\_
- ACT Standard Math: \_\_\_\_\_
- ACT Scientific Reasoning: \_\_\_\_\_
- ACT Composite: \_\_\_\_\_

\_\_\_\_\_  
**School Official's Name (Printed)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Official's Signature**

\_\_\_\_\_  
**Telephone**

**Certification:** *In submitting this application, I certify the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return Application - Postmarked by March 31:**

**Foundation for Appalachian Ohio  
Attn: Phyllis Moody  
P.O. Box 456, 36 Public Square  
Nelsonville, Ohio 45764**

*For inquiries or questions please call: (740) 753-1111*