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Southern Perry County
Academic Endowment

AVAILABLE SCHOLARSHIPS

MURRAY AND LULU BROWN SCHOLARSHIP

BRUCE AND DOLORES HANNAH SCHOLARSHIP

JACK AND CLARA REHO SCHOLARSHIP

VINCENT AND GENE HOPE SCHOLARSHIP

WILLIAM AND FRANCES DUNLAP SCHOLARSHIP

PAUL AND CHARLOTTE HOPE SCHOLARSHIP

DONALD AND CATHERINE PALMER SCHOLARSHIP

BRIGGS FAMILY SCHOLARSHIP

JESSE, OLEMA AND RALPH DRAKE SCHOLARSHIP

CHARLENE JOSEPH SCHOLARSHIP

CATHERINE BLANKENSHIP SCHOLARSHIP

JOHN AND ELSIE EXENKEMPER SCHOLARSHIP

JOSEPH AND MARIE LITCHENSTEIN SCHOLARSHIP

SHAWNEE ALUMNI ASSOCIATION SCHOLARSHIP

ROBERT WOODRUFF AND CHARLES & ELIZABETH WOODRUFF SCHOLARSHIP

COMMANDER LAMBERT SCHOLARSHIP

The Southern Perry County Academic Endowment Fund
administers these scholarships.

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The application DEADLINE IS MAY 1, 2017 (It must be postmarked by this date), AND MUST BE MAILED TO:

FOUNDATION FOR APPALACHIAN OHIO
SPCAEF
PO BOX 456
35 PUBLIC SQUARE
NELSONVILLE, OHIO 45764

READ CAREFULLY

TO BE ELIGIBLE FOR THIS SCHOLARSHIP, THE FOLLOWING CONDITIONS MUST BE MET.

1. Applicant must be a graduating senior from Miller High School or a graduate of Miller High School. Applicant must have been enrolled in M.H.S. prior to the first day of November of their 11th grade year and they must maintain continuous enrollment at M.H.S. until graduated.

2. Applicant with no college experience must have at least a 3.0 high school accumulative average. Applicant must be enrolled as a fulltime student. Fulltime is defined as enrollment in 12 quarter hours or equivalent in semester hours.

3. Applicants who are currently in college must have a 2.7 accumulative average. Recipients are eligible for possible renewals. Recipients must reapply for renewal using the same application form and guidelines as a new applicant.

4. These funds are limited to applicants who are or will be attending an accredited two or four-year college or university.

READ CAREFULLY
INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. The postmark deadline for the application is **May 1, 2017**.
2. The application is to be completed by the applicant.
3. Answers on the application are to be printed clearly or typed.

All forms and other requested information must accompany this application when it is mailed. ***The applicant's failure to provide the requested materials and documents will cause this application to be rejected.*** *You will not be notified if the application is incomplete. All applications* ***MUST BE MAILED TO:***

FOUNDATION FOR APPALACHIAN OHIO
SPCAEF
P.O. BOX 456
35 PUBLIC SQUARE
NELSONVILLE, OHIO 45764

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REQUIRED DOCUMENTATION: PLEASE CHECK OFF FOR YOUR COMPLIANCE

____ 1. Two (2) character reference letters. Present college students may not use former high school teachers.

____ 2. **Official,** most recently completed, transcript of courses showing accumulated grade point average, which reflects all courses taken during the applicant's college enrollment. High school applicants must supply a high school transcript. The definition of an official transcript is defined as one that has the signature of the high school Counselor, or for a college or university, the signature of the Registrar, and **seal of the school**. **Electronic transcripts or photocopies will not be accepted**.

____ 3. 1st time applicants must supply a biographical statement, which includes educational background, extra-curricular background, goals, financial need, and other pertinent information. All information will be kept confidential.

____ 4. 1st time applicants must include letter of acceptance from the college or university, which the applicant will be attending. If the applicant is already enrolled in college, this letter is not necessary. APPLICANT MUST BE ENROLLED AS A FULL-TIME STUDENT. Full-time is defined as enrollment in 12 semester hours.

A personal interview may be required.

If a misuse of scholarship and/or grant funds is discovered or suspected, the applicant will be requested to meet with Distribution/Selection Committee. The committee will report its findings and make recommendations to the Governing Board. The Board will make a final decision on continuance, withdrawal or repayment of the awarded funds.

All scholarships are announced at graduation. Formal letters will then be mailed to students directly with information needed to complete the scholarship award. All recipients will also be listed by name on the SPCAEF webpage at www.AppalachianOhio.org/southernperry the week following graduation.

Decline letters will be mailed to those students who are not receiving an award with information regarding their application as well as information on how to reapply the following year, if applicable.

For more information, please see our FAQ page.

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SECTION I – General Information NEW _____ RENEWAL _____

1. APPLICANT'S NAME: _____
2. COLLEGE ID (If known): _____ PHONE: _____
3. ADDRESS: _____

   _____
4. EMAIL: _____ DATE OF BIRTH: _____
5. DATE FALL SEMESTER PAYMENT REQUIRED BY: _____
6. COLLEGE FINANCIAL AID OFFICE ADDRESS: _____

   _____

SECTION II – Family Information

1. Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

_____ _____

2. Employer: _____ Employer: _____

3. Names of brothers and/or sisters currently enrolled in college:

NAME	AGE	SCHOOL ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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SECTION III – Academic Information: High School Seniors Only or Graduates of Southern Local Schools:

1. High School GPA _____ High School Class Rank _____in class of_____

2. ACT Scores: English _____ Math _____ Reading _____

Writing _____ Science/Reasoning _____ Composite _____

3. SAT Scores: Verbal _____ Math _____ Writing _____

4. College/University you plan to attend: _____ _____

SECTION IV – Items 5-8 Applies Only to Students Currently Enrolled in College:

5. Date of graduation from high school May/June_____ College ID#_____
(Year)

6. College/University in which you are enrolled: _____

7. College: GPA_____ Major _____

8. Quarter/Semester you will graduate from college: _____

SECTION V – Financial Information – For All New and Renewal Applicants:

1. Gross Family Income: (check one)

$0 - $25,000 _____ $25,000 - $50,000 _____ Over $50,000 _____

2. Number of Dependents: _____

I certify and affirm that the statement made by me herein is true, complete, and correct to my knowledge and belief and is in good faith.

PLEASE RECHECK YOUR APPLICATION

_____

APPLICANT'S SIGNATURE DATE

_____

PARENT OR GUARDIAN'S SIGNATURE DATE
(REQUIRED IF APPLICANT IS A 17 OR UNDER AT THE TIME OF APPLICATION)