



2018 Walton Hills Women's Club Scholarship

Amount: TBD (Minimum \$1000.00)

Deadline: Monday, March 19, 2018

The Walton Hills Women's Club (WHWC) believes in bolstering qualities of loyal service, friendship, volunteerism, and strengthening communities. The WHWC awards scholarships to deserving candidates who are graduating high school and others who are enrolled in continuing education at an accredited university or college, a two year college program, an online university, or a technical career school. Scholarships are presented each year to recipients at the WHWC Installation Banquet in May.

To be eligible, applicants must be a resident of Walton Hills, and have

- Participation in extracurricular activities and community service
- Interest in furthering their education beyond high school.
- Proof of being accepted or enrolled at any 2 or 4 year college, university, or upcoming session in a technical career school. Please note: awards will be sent directly to technical schools.

To qualify for the WHWC Scholarship, the applicant must be one of the following in the 2017-2018 academic year:

- Graduating high school senior, which can include a Home School or an Online School (*eSchool*) program
- GED credentialed (Certificate of high school equivalent). GED must be in hand at the time of application.

To apply for the WHWC Scholarship, submit the attached completed application, essays and letters of recommendation to Walton Hills Women's Club, 7595 Walton Road, Walton Hills, OH 44146, Attn: Scholarship. Applications must be received by March 19, 2018

The WHWC is proud to continue its tradition of supporting graduating students and strengthening the Walton Hills community with ongoing education!

Thank you,

Walton Hills Women's Club

"The best way to predict the future is to create it." – Abraham Lincoln

Walton Hills Women's Club
2018 Scholarship
Application



1. PERSONAL:

Applicant Name _____

a. Birthdate ____/____/____

b. Address _____

c. Phone _____

d. Email _____

e. Are you related to a member of the Walton Hills Women's Club? _____

If so, who? _____

2. ACADEMIC:

a. What high school do/did you attend? (if applicable) _____

b. What is/was your high school GPA and class rank (or GED score if applicable)? _____

Please Document _____

3. CAREER PLANS:

a. What college, technical or online school do you plan to attend (and type)?

b. What will your course of study be?

c. What are your career goals?

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(FEEL FREE TO TYPE ANSWERS 4 - 8 ON ANOTHER SHEET OF PAPER.)

4. List your community service work or other activities:

5. Share any accomplishments or information you would like us to know.

6. Do you have any work experience? (Explain)

7. Any special circumstances you would like to share?

8. What would you do to improve the Community Spirit of the residents of Walton Hills?

Applicant Signature (or Parent/Guardian signature if under 18)*

**Signature implies all information is truthful and accurate.*

Date

Completed applications will remain confidential; only pertinent application information will be shared with the WHWC Scholarship Selection Committee.

Please submit this complete application and two letters of recommendation (see attached Recommendation Forms) to The Walton Hills Women's Club by March 19, 2018.

Walton Hills Women's Club 2018 Scholarship

RECOMMENDATION FORM 1

(Completed by a teacher, counselor, or school representative)

Applicant's Name _____

Thank you for taking the time to recommend the applicant for the WHWC Scholarship. Your information will assist us in qualifying the applicant. Please do **not** use the applicant by name in your remarks. You may refer to him/her as "the applicant."

1a. How do you know the applicant?

1b. How many months/years have you known them?

2. What are the applicant's strengths?

3. Will the applicant take seriously their post-high school educational studies? (Please circle)

Yes, definitely

Yes, maybe

I don't know

4. Please provide any additional information that will help differentiate the applicant for the selection committee.

Signature (required)

Date

Printed Name

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RECOMMENDATION FORM 2

(Completed by a coach, clergy, employer or community agency.)

Applicant's Name _____

Thank you for taking the time to recommend the applicant for the WHWC Scholarship. Your information will assist us in qualifying the applicant. Please do not use the applicant by name in your remarks. You may refer to him/her as "the applicant."

1a. How do you know the applicant?

1b. How many months/years have you known them?

2. What are the applicant's strengths?

3. Will the applicant take seriously their post-high school educational studies?

Yes, definitely

Yes, maybe

I don't know

4. Please provide any additional information that will help differentiate the applicant for the selection committee.

Signature (required)

Date

Printed Name