**John Hay High School Alumni Association**

Wanda Shoulders, President

Dear Student:

The John Hay High School Alumni Association (JHHSAA) invites you to apply for a book scholarship.

The qualifications for applying are as follows:

* Anticipate continuing education at a college/university
* Minimum 2.5 G.P.A.
* Official copy of transcripts
* Submit a 500 word or more essay – “How JHHS has influenced you in your future career goals”

Accompanied with the application should also be a recommendation letter from a teacher and an outside source (church affiliation, volunteer service, etc.).

Completed applications should be mailed to the following address and must be received by **March 8, 2019**:

John Hay High School Alumni Association

c/o Scholarship Committee

P. O. Box 18066

Cleveland Heights, OH 44118-0066

Please note, incomplete applications will not be accepted.

If you have any questions or concerns, please contact me at (216) 272-3231 or Denise Simington at (216) 632-9319 or the Alumni Association office at (216) 777-0690.

Sincerely,

Rashunda Davis-Haqq Denise Simington

Scholarship Chairperson Scholarship Co-Chairperson

John Hay High School Alumni Association John Hay High School Alumni Association

**John Hay High School Alumni Association**

**Scholarship Information**

**Association Purpose**

The purposes of the John Hay High School Alumni Association are to provide a liaison between the alumni and the school, to bring to alumni knowledge of the school and its various activities, and to reflect the sentiment of the alumni on matters affecting the school by fostering moral, and spiritual support for the continued growth of the school.

**Association Goal**

The goal of the John Hay High School Alumni Association Scholarship Committee is to supply deserving graduating students of John Hay High School with book scholarships to assist with the costs of continuing their education.

**Eligibility Requirements**

* Anticipate continuing education at a college/university
* Minimum 2.5 G.P.A.
* Official copy of transcripts
* Submit a 500 word or more essay – “How JHHS has influenced you in your future career goals”
* Two (2) recommendation letters

**Program Selection Process**

Selection in this program is based on the following:

* Eligibility
* Application completeness, accuracy, and deadline met

**Application Information**

Students seeking to apply for the book scholarship must submit a completed application, to the following address:

**John Hay High School Alumni Association**

**c/o Scholarship Committee**

**P. O. Box 18066**

**Cleveland Heights, OH 44118-0066**

**John Hay High School Alumni Association**

**2018-2019 Scholarship Application**

*Please print in black or blue ink only.*

**The information provided on this page will remain strictly confidential**.

Name Date of birth

Last, First, M.I. mm/dd/year (e.g., 10/15/1987)

Place of birth Gender □ Male □ Female

City, State, Country

Home mailing address (*if you live in an apartment, you must include the apartment number)*

Street Address

City State Zip Code

Telephone no.: ( ) Alternate Telephone no.: (\_\_\_\_\_\_)

Email address: Alternate Email address:

How long have you attended John Hay High School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which School are you registered in?

□ Early College □ School of Science and Medicine □ School of Architecture and Design

Have you applied to a college/university? □ Yes □ No If yes, can you provide proof? □ Yes □ No

What college/university do you plan on attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification**

I certify by my signature below, that all information contained in this application is correct. I further understand and agree that any misrepresentation or inaccurate information on this completed application will be cause for disqualification for consideration of this scholarship.

Printed legal name:

Student’s signature: Date:

**Office use only**

Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date processed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print student’s last name, first name, M.I.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN DATA**

**TO STUDENT:**

Please have your parent(s)/guardian(s) carefully read and complete this form. You must include it in your application package. Your application is incomplete without the signature of a parent or guardian.

**TO PARENT/GUARDIAN:**

Please read the following information in its entirety and fill in the appropriate data. **Note: This information will remain strictly confidential**.

*(Please print)*

**Last name of father or male guardian** First M.I.

Home address

City State Zip code Telephone no.

(Best time to call)

**Last name of mother or female guardian** First M.I.

Home address

City State Zip code Telephone no.

(Best time to call)

**Office use only**

Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date processed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print student’s last name, first name, M.I.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMENDATION FORM**

**THIS FORM SHOULD BE RETURNED AS A PART OF THE APPLICANTS PACKAGE.**

**When returning this form, please give the applicant ample time to meet the deadline. JHHSAA must receive applications no later than March 8, 2019. Please insert the form in an envelope, sign your name across the seal, and return envelope to applicant for package inclusion.**

Reference Name

How long have you known the student and in what capacity?

**How would you rate the student in the following areas?** (Check *one per category*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Average | Poor |
| Accepts Responsibility | □ | □ | □ | □ |
| Conduct | □ | □ | □ | □ |
| Exhibits Leadership | □ | □ | □ | □ |
| Follows Rules and Directions | □ | □ | □ | □ |
| Independence | □ | □ | □ | □ |
| Initiative | □ | □ | □ | □ |
| Team Player | □ | □ | □ | □ |

**Overall Recommendation**

□ Highly Recommended

□ Recommended

□ Recommend with Reservation

□ Do Not Recommend

**Additional Comments:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may be contacted for additional information, please provide:

Telephone no: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only**

Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date processed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print student’s last name, first name, M.I.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Very Good | Average | Poor |
| Accepts Responsibility | □ | □ | □ | □ |
| Conduct | □ | □ | □ | □ |
| Exhibits Leadership | □ | □ | □ | □ |
| Follows Rules and Directions | □ | □ | □ | □ |
| Independence | □ | □ | □ | □ |
| Initiative | □ | □ | □ | □ |
| Team Player | □ | □ | □ | □ |

**Overall Recommendation**

□ Highly Recommended

□ Recommended

□ Recommend with Reservation

□ Do Not Recommend

**Additional Comments:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may be contacted for additional information, please provide:

Telephone no: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office use only**

Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date processed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION PACKAGE CHECKLIST**

Before submitting this application, you should read it thoroughly. Special attention should be given to eligibility requirements and deadlines. Be sure that you have supplied all information and materials requested. You are encouraged to keep a copy of your completed application package, as we are unable to return any application materials submitted. The application should be typed, if possible, or printed using black/blue ink.

**REQUIRED INFORMATION FOR COMPLETED APPLICATION PACKAGE:** *(check when completed)*

1. □ ORIGINAL, SIGNED 2017-2018 JHHSAA APPLICATION FORM
2. □ TRANSCRIPTS
3. □ ESSAY
4. □ TWO RECOMMENDATION FORMS
5. □ PARENT/GUARDIAN DATA FORM

**All application materials must be received by March 8, 2019**

**John Hay High School Alumni Association**

**c/o Scholarship Committee**

**P. O. Box 18066**

**Cleveland Heights, OH 44118-0066**

**Should you have any questions, please contact:**

**Rashunda Davis-Haqq at: (216)272-3231 or Denise Simington at: (216)632-9319**