



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 must be received by **March 6, 2026** and can either be turned in to the nurse’s office at the school (ATTN: Vonzell Holly) or mailed to the following address:

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 considered.

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
Scholarship Chairperson
John Hay High School Alumni Association

Denise Simington
Scholarship Co-Chairperson
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 complete application package, which can either be turned in to the nurse’s office at the school (ATTN: Vonzell Holly) or mailed 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 2025-2026 Scholarship Application

Please print legibly 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 legibly)

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

Home address

City State Zip Code	Telephone No. (Best time to call)
---------------------	--------------------------------------

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

Home address

City State Zip Code	Telephone No. (Best time to call)
---------------------	--------------------------------------

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 6, 2026. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Rules and Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. _____

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 6, 2026. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Rules and Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 package, 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:

1. ORIGINAL, SIGNED 2025-2026 JHHSAA APPLICATION FORM
2. TRANSCRIPTS
3. ESSAY
4. TWO RECOMMENDATION FORMS
5. PARENT/GUARDIAN DATA FORM

All application materials must be received by **March 6, 2026 and can either be turned in to the nurses office at the school (ATTN: Vonzell Holly) or mailed to:**

**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**

THIS IS A REFERENCE PAGE ONLY – NOT REQUIRED TO SUBMIT