

**West Dayton Caravan Educational Foundation  
Academic Scholarship  
Dayton, Ohio**

**TO THE APPLICANT:**

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education, and who satisfy other criteria developed by West Dayton Caravan Educational Foundation.

Complete your sections of this application and forward it by **March 22<sup>nd</sup>, 2010** to:

**Mrs. Cassandra Easterly  
706 W. Alkaline Springs Road  
Vandalia, OH 45377**

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. West Dayton Caravan Educational Foundation reserves the right to process only applications found to be complete as of the application postmark deadline.

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**Certification and Permission to use "Recipient Information" to Announce Scholarship Winners**

I agree that if I am offered and accept an award from West Dayton Caravan Educational Foundation, West Dayton Caravan Educational Foundation may use my name, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraisings or promotional materials in all media (including the Internet).

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

Parent Signature (if student is less than 18 years old) \_\_\_\_\_

Signature of Chapter Official \_\_\_\_\_

Name of Chapter: West Dayton Caravan Educational Foundation

**APPLICANT DATA**

Mr.  Ms.  Last Name First Name MI Social Security Number

Permanent Address Street City State Zip

Date of Birth (Month, Day, Year) Phone E-mail

Name of Parent/Guardian

Permanent mailing address of Parent/Guardian if different from Applicant Phone Number

**CHURCH AFFILIATION**

Church Name Address Pastor's Name

**SCHOOL DATA**

High School Attended Graduation Date: Month Year

School Address Street City State Zip Phone

Name of High School Principal

Address City State Zip

Live on Campus  
 Live off Campus  
 Commute

Major	Anticipated date of graduation from postsecondary program:	Month	Year
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**OTHER AWARDS**

Please list below the names and amounts of any grants or scholarships you have been awarded for the coming school year

Name of Award	Amount	Granted	Pending

**TRANSCRIPT INFORMATION**

Applicant Name: \_\_\_\_\_

1. High school seniors and students who have completed less than one full semester of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

2. Students currently enrolled in college or vocational-technical school must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary)

Rank \_\_\_\_\_ out of \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ on a 4.0 scale.

**Testing Information**

<b>PSAT</b>
Verbal: _____
Math: _____

<b>SAT</b>
Verbal: _____
Math: _____

**ACT**

English: \_\_\_\_\_ Reading: \_\_\_\_\_ Composite Score \_\_\_\_\_  
Math: \_\_\_\_\_ Science: \_\_\_\_\_

**ACT**

English: \_\_\_\_\_ Reading: \_\_\_\_\_ Composite Score \_\_\_\_\_  
Math: \_\_\_\_\_ Science: \_\_\_\_\_

School Official's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

School Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Application Checklist**

Return Application To:  
**Mrs. Cassandra Easterly**  
**706 W. Alkaline Springs Road**  
**Vandalia, OH 45377**

Application   
Required Signatures   
Current Transcript   
Application Deadline

**This application for student aid becomes complete only when you have returned the following materials. (Two first-class stamps are required for mailing.)**

**PERSONAL DATA**

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours/Week	Amount Earned

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past 4 years (e.g. Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	# of Years Partic.	Special Awards, Honors, Offices Held	Activity	#. of Years Partic	Special Awards, Honors, Offices Held

**Please attach, in a one full page essay, your plans as they relate to your educational and career objectives and future goals as well as why you deserve this scholarship**

**Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work, experience, or your participation in school and community activities.**