

West Fork Scholarship Fund

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. _____
Ms. Name (Last) (First) (MI)

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) () Telephone Number E-Mail Address

Name of parent/guardian _____

Permanent mailing address of parent/
guardian if different from applicant
(Street) (City) (State) (Zip)
()
Telephone Number

You are responsible for seeing that all supporting documents are submitted. West Fork Scholarship Fund reserves the right to process only applications found to be complete as of the application.

SCHOOL DATA

High School Attended _____ Graduation Date: Month _____ Year _____

Address (Street) (City) (State) (Zip) () Telephone Number

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested: _____
4-year College/University Vo-Tech
Community College Other
Accredited? Yes No

Address _____ (City) (State) (Zip)

Student will: Live on campus Live off campus commute

Enrolled: less than half-time half-time or more full-time

Major field of study applicant plans to pursue _____

DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

- African American/Black Asian/Pacific Islander Hispanic/Latino American Indian/Alaska Native
 White/Caucasian Other (Please Specify) _____

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) _____

Appraiser's Signature _____ Date _____ Title _____ Telephone Number _____

Appraiser's Business Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Academic Information

Applicant ranks _____ in a class of _____

Cumulative grade point average _____ /4.0 scale

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____

ACT Composite _____

Return Application To: Jacquelyn Parker