

ELOISE AND THOMAS BURDELL MEMORIAL SCHOLARSHIP FUND

The Eloise and Thomas Burdell Memorial scholarship Fund will award a four hundred dollar (\$400) scholarship to a graduating Adams County senior.

Accepting applications for candidates for this scholarship will be the responsibility of each of the local schools, namely: Manchester High School, North Adams High School, Peebles High School, West Union High School, Ohio Valley Career and Technical Center, and the Adams County Christian School.

GUIDELINES FOR APPLICANTS:

- 1. A student receiving other scholarships will be eligible to apply.**
- 2. Each student planning to go to college should apply by completing a written application provided through the school by the Eloise and Thomas Burdell Memorial Scholarship Fund. Check with the guidance counselor in your building.**
- 3. The Chairperson of the Scholarship Committee of the Eloise and Thomas Burdell Memorial Scholarship Fund must receive applications by April 1st.**
- 4. Final selection will be based on student's grades, rank in class, and written answers to questions posed on the application.**

PRESENTATION OF SCHOLARSHIP

- 1. A certificate will be presented to the student selected to receive the scholarship at Commencement.**
- 2. A check will be presented to the student's college after matriculation into the school upon notification by the student.**

**THOMAS AND ELOISE BURDELL MEMORIAL
SCHOLARSHIP APPLICATION**

NAME OF APPLICANT _____ **PHONE** _____

ADDRESS _____

STREET/BOX NO.

TOWN

ZIP CODE

NAME OF SCHOOL _____

RANK IN CLASS (UPPER, MIDDLE, OR LOWER THIRD) _____

WHAT ARE YOUR COLLEGE PLANS? _____

HAVE YOU BEEN ACCEPTED TO A COLLEGE? _____

- ON ANOTHER SHEET OF PAPER, TELL WHY YOU WOULD LIKE TO RECEIVE THE \$400.00 SCHOLARSHIP.

SIGNATURE: _____

APPLICANT SIGNATURE

TO BE SIGNED BY PARENT:

IF (STUDENT'S NAME) _____ RECEIVES THE
SCHOLARSHIP, I/WE WILL ENCOURAGE HIM/HER TO COMPLETE THE
REQUIREMENTS FOR A TEACHING CERTIFICATE.

PARENT(S) SIGNATURE

COUNSELOR'S SIGNATURE: _____

- A SCHOOL TRANSCRIPT MUST BE ATTACHED TO THIS APPLICATION.

*RETURN APPLICATION TO CAROL MOTZA: 748 SININGER ROAD, WINCHESTER, OHIO 45697 BY
APRIL 1ST*