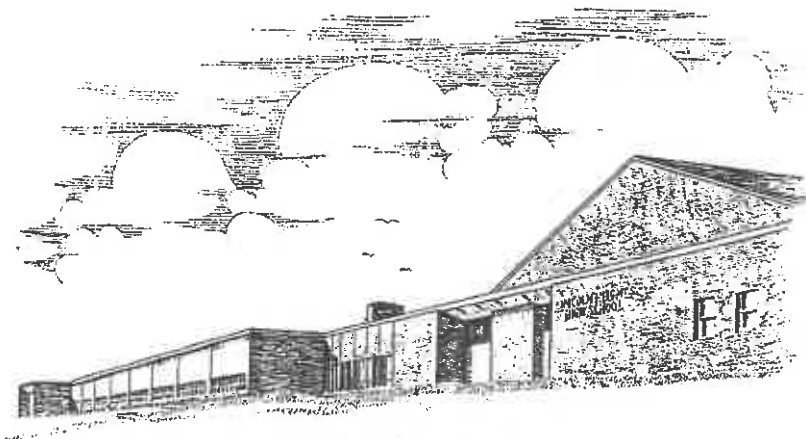


LINCOLN HEIGHTS ALUMNI SCHOLARSHIP FUND



2024 AWARD APPLICATION

P. O. BOX 40483
CINCINNATI, OH 45240-0483

OUR PURPOSE

The goal is to annually award a non-renewable scholarship to one or more graduating high school seniors based on scholastic performance, extra-curricular activities, community service and who meet all of the eligibility requirements as set forth in the Applicant Qualification Criteria.

OUR MISSION STATEMENT

To help others of our "Village" to become trailblazers in areas that will impact the community. That these individuals will, in turn, help generations following become notable citizens and leaders in the world because of their rich heritage and humble beginnings.

APPLICANT QUALIFICATION CRITERIA

Eligible applicants must:

1. Must be a legal resident of the Village of Lincoln Heights, Ohio and a senior enrolled in a public or private high school.
2. Have a 2.5 Grade Point Average (GPA) by the beginning of the spring semester during which the scholarship application is filed.
3. Show proof of acceptance to an accredited College or University.

APPLICATION CHECKLIST

1. Completed Application Form with a “Head-Shot” only photo (photo will not be returned).
2. Letters of Recommendation -- three (3) from any of the following: Teacher, Counselor, Employer or Community Resident/Leader. (Recommendation Letter Form included.)
3. Essay (300-500) words typed and double-spaced, addressing “What impact will my education have on the community of Lincoln Heights?”
4. GPA Request Form to School Guidance Counselor (Form included).

APPLICATION INSTRUCTIONS

The completed application with **All Requested Information** should be mailed or hand delivered no later than **Friday, April 19, 2024** to either:

Ms. Carolyn Davis Smith
1385 Byrd Ave.
Lincoln Heights, OH 45215

OR

Ms. Gwendolyn Williams
1229 Schumard Ave.
Lincoln Heights, OH 45215

Applicant Signature _____

Parent or Guardian Signature _____

No late applications will be accepted. Absolutely NO exceptions.

PERSONAL DATA

Are you a legal resident of Lincoln Heights, Ohio? ___ Yes ___ No

Full Name: _____

Male ___ or Female ___ (Check One)

Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Email

Address: _____ Telephone#: _____

Parents/Guardian: _____

Address: _____

City: _____ Zip Code: _____

Telephone#: _____

HIGH SCHOOL DATA

School Name: _____

School Address: _____

Guidance Counselor: _____ Telephone#: _____

HS Principal: _____ Expected Grad Date: _____

College or University start date _____

EXTRA-CURRICULAR ACTIVITIES

List extra-curricular activities (community, volunteer, personal, school, athletic, etc.) that you participated in during high school. If the name of the activity is not self-explanatory, please provide details. If this space is insufficient, please continue listing and/or explanation on an additional sheet.

Activity	Dates	Office or Position	Sponsor/Advisor

AWARDS/HONORS/ACTIVITIES/SPECIAL RECOGNITIONS

List any awards, honors or special recognitions you have received while in high school. If this space is insufficient, please continue listing and/or explanation on an additional sheet.

Awards/Honors/Activities/Special Recognitions	Year Received

LETTER OF RECOMMENDATION

Applicant's Name _____

Applicant's School _____

The applicant named above has applied for an achievement scholarship. Lincoln Heights Alumni Scholarships are awarded based on scholastic achievements, school activities and community service.

On a separated sheet, please prepare a Letter of Recommendation stating your association with the applicant and your comments on why they should be selected to receive a scholarship. Your signature, title and date are required.

Please return your Letter of Recommendation to the applicant in a (sealed) envelope before April 12, 2024.

GPA REQUEST FORM

I _____, do hereby acknowledge that the Lincoln Heights Alumni Scholarship Fund is seeking information relative to my academic performance. Therefore, in accordance with any and all application laws, rules, or regulations, I hereby approve the release of the information requested below:

Applicant Signature

Date Submitted

TO BE COMPLETED BY GUIDANCE COUNSELOR

Student Cumulative Grade Point Average Based on a 4.0 Scale: _____

Student Rank in Class: _____ of _____ Graduates

Please return GPA Request Form to the applicant in a (sealed) envelope before April 12, 2024.