

**APPLICATION**  
**FOR**  
**EATON OPTIMIST CLUB**  
**JAMES SHERIFF SCHOLARSHIP**

The JAMES SHERIFF SCHOLARSHIP is awarded annually in honor of James Sheriff by the Eaton Optimist Club. There will be several awards of \$500.00 given to graduating seniors from Preble County High Schools.

Applicants are now being accepted with the following requirements:

1. The applicant must be a graduating senior from a Preble County High School.
2. The applicant must be accepted at any post secondary institution and be able to show proof of such acceptance to the selection committee.
3. Interested student must complete an application which is available from the high school guidance office.
4. Applications **MUST** be typewritten or neatly printed.
5. Applications must be returned to the guidance office.
6. Awards are made out to the institution that the awardee is enrolled in.
7. If awardee chooses not to attend the institution all awards are to be returned to the Eaton Optimist Club.
8. Time frame for awards are to be used within one year of award date.
9. If awardees chooses to drop classes the awards are to be returned to the Eaton Optimist Club.

**ONLY TYPEWRITTEN OR NEATLY PRINTED**  
**APPLICATIONS ACCEPTED**

**A: APPLICANT'S PERSONAL INFORMATION**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

High School Attending: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

**B: FAMILY INFORMATION**

	<u>Parents</u>	<u>Occupation</u>	<u>Place of Work</u>
Father:	_____	_____	_____
		_____	_____
Mother:	_____	_____	_____
		_____	_____

	<u>Siblings</u>	<u>Age</u>	<u>Present Status</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

\_\_\_\_\_

**C: COLLEGE INFORMATION**

List the colleges/universities to which you have applied, the major you plan to pursue, and whether you have been accepted.

<u>COLLEGE/UNIVERSITY</u>	<u>MAJOR</u>	<u>ACCEPTED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D: FINANCIAL INFORMATION**

1. List the anticipated costs per year of the college or university which you will most likely attend

College/University	_____
Tuition	_____
Room and Board	_____
Books and Misc. Fees	_____
Misc. Expense (spending money etc.)	_____
Total anticipated cost for the first year	_____ (A)

2. Please provide to the best of your knowledge how you plan to finance your college education.

**A. GRANTS AND SCHOLARSHIPS**

List the grants/scholarships you have applied for and the estimated award you would receive from each **AND** grants/scholarships you have been awarded and the amount of aid you have awarded from each.

Grants/Scholarships	Estimated/Actual Amount of Award(s)
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
Total amount of aid you hope to receive/received from grant/scholarships	_____ / _____ (B)

**B. PERSONAL & FAMILY**

**CONTRIBUTIONS** How much are you and your family able to contribute \_\_\_\_\_ (C)

**C. LOANS OR OTHER FINANCING**

Amount A - (B+C) = the amount you anticipate will have to be funded through loans, etc., \_\_\_\_\_

3. **SUBJECTIVE FACTS OF FINANCIAL NEED:** You may use the following space to provide a brief summary of any other facts or data, or an explanation of any special circumstances, that depict your financial status and will help the committee better understand your financial need.

**E. FUTURE PLANS AND GOALS:** Briefly summarize the courses and major(s) you will be pursuing, what you hope to achieve through the college experience, and your goals for the future.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature I signify that all information is accurate to the best of my knowledge and by providing false information I automatically disqualify myself.

THIS PART OF THE APPLICATION IS TO BE COMPLETED BY THE GUIDANCE  
OFFICE

F. Applicants Name: \_\_\_\_\_

Applicants grade point average: \_\_\_\_\_

Applicants class rank is # \_\_\_\_\_ in a class of \_\_\_\_\_

Please use the following space to provide any other information concerning the applicant's application or qualifications that may help the scholarship committee.

Signature: \_\_\_\_\_  
(Guidance Counselor)

SCHOOL SEAL