

TO: EACH MEMBER OF THE CHS CLASS OF 2018  
FROM: CHS SENIOR SCHOLARSHIP FUND BOARD OF DIRECTORS  
DATE: FEBRUARY 15, 2018  
SUBJECT: CHS SENIOR SCHOLARSHIP FUND SCHOLARSHIPS

The mission of the CHS Senior Scholarship Fund is to raise and disburse scholarship funds to senior students at Castle High School in order to assist the students in furthering their education after graduation. **Over one hundred members** of the CHS class of 2017 received a total of over \$43,000 in scholarships from this organization. We are currently having our fund drive and hope to be able to provide the Class of 2018 with that much or more!

We encourage **all seniors** who are planning to continue their education next year to complete and submit an application for consideration. A **number of scholarships** will be awarded **this year**. The awards are based on such factors as **activities, work experience, teacher evaluation, academics, and community service**.

**Applications are only available on the guidance webpage.** Complete these and print them out for them to be submitted. The last page is an appraisal form that you are to have **one** teacher, adviser, or clergy to fill out and submit. Do not forget this part. No attachments (activity lists, letters of recommendation, etc.) will be evaluated.

-----  
PLEASE SUBMIT FORMS TO MRS. FISHER IN THE GUIDANCE OFFICE. ALL **COMPLETED** APPLICANT APPRAISAL FORMS MUST ALSO BE TO THE GUIDANCE OFFICE **NO LATER THAN 3 PM**, THE DEADLINE DATE.

**DEADLINE FOR APPLICATION IS MARCH 15.  
No Exceptions!!!!!!!!!!!!!!**

\*\*\*If you are the child or grandchild of a veteran or active duty member of the armed services, you must provide a copy of a DD214 form (veteran) or a Military ID (active) along with your application to be eligible to be considered for the CHS Senior Scholarship Fund scholarships sponsored by the American Legion. **Denote how you are related to the veteran/active duty member.** These documents will be shredded after they are used for scholarship purposes.

# 2018 CASTLE HIGH SCHOOL SENIOR SCHOLARSHIP FUND

## APPLICANT DATA

MR.  \_\_\_\_\_  
MISS  NAME(LAST) (FIRST) (M.I.)

PERMANENT ADDRESS (STREET) (CITY) (STATE) (ZIP)

DATE OF BIRTH \_\_\_\_\_ STUDENT PHONE NUMBER \_\_\_\_\_

STUDENT EMAIL ADDRESS \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

PARENT EMAIL ADDRESS \_\_\_\_\_

PERMANENT MAILING ADDRESS AND PHONE NUMBER OF PARENT/GUARDIAN IF DIFFERENT FROM APPLICANT.

(STREET) (CITY) (STATE) (ZIP)

PARENT PHONE NUMBER \_\_\_\_\_

NAME OF POST-SECONDARY SCHOOL FOR WHICH APPLICANT'S SCHOLARSHIP

IS REQUESTED \_\_\_\_\_ 4 YEAR COLLEGE/UNIVERSITY   
2 YEAR COLLEGE/UNIVERSITY   
VO-TECH   
OTHER

MAJOR FIELD OF STUDY APPLICANT PLANS TO PURSUE: \_\_\_\_\_

ELEMENTARY SCHOOL ATTENDED \_\_\_\_\_

MIDDLE SCHOOL ATTENDED \_\_\_\_\_

EMPLOYMENT HISTORY			
POSITION-- EMPLOYER	DATE FROM(MO/YR)	DATE TO(MO/YR)	HOURS/WEEK

LIST ALL SCHOOL ACTIVITIES IN WHICH YOU HAVE PARTICIPATED DURING THE PAST FOUR YEARS. LIST ALL COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED WITHOUT PAY DURING THE LAST FOUR YEARS. INDICATE ANY SPECIAL AWARDS AND HONORS.

ACTIVITY	# OF YRS.	SPECIAL AWARDS	ACTIVITY	# OF YRS.	SPECIAL AWARDS

MAKE A STATEMENT OF YOUR PLANS AS THEY RELATE TO YOUR EDUCATIONAL AND CAREER OBJECTIVES AND FUTURE GOALS.

---



---



---



---



---



---



---

PLEASE REPORT ANY UNUSUAL FAMILY OR PERSONAL CIRCUMSTANCES YOU FEEL WARRANT ATTENTION. INCLUDE ANY PERTINENT INFORMATION WHICH AFFECTS MONETARY NEED:

---

---

---

---

---

---

---

---

CHECK THIS BOX IF YOU HAVE BEEN AFFECTED BY CANCER IN A PARENT. [ ]

LIST ANY OTHER SCHOLARSHIPS YOU HAVE APPLIED FOR AND WHICH (IF ANY) YOU HAVE RECEIVED. LIST THE VALUE OF THOSE YOU HAVE RECEIVED.

---

---

---

---

---

---

---

---

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND FACTUAL.

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

---

DO NOT WRITE BELOW THIS LINE-TO BE COMPLETED BY GUIDANCE DEPARTMENT

TRANSCRIPT INFORMATION
APPLICANT RANKS ____ IN A CLASS OF 439
SAT (COMBINED EB READING/WRITING AND MATH) _____
ACT COMPOSITE _____
SCHOOL OFFICIAL'S SIGNATURE _____ DATE _____

**APPLICANT APPRAISAL  
CASTLE HIGH SCHOOL SENIOR SCHOLARSHIP FUND**

APPLICANT'S NAME \_\_\_\_\_

TO BE FILLED OUT BY A TEACHER, ADVISER, OR CLERGY. (NOT COUNSELOR.)

YOU HAVE BEEN ASKED TO PROVIDE INFORMATION IN SUPPORT OF THE APPLICATION FOR A SCHOLARSHIP. PLEASE GIVE IMMEDIATE AND SERIOUS ATTENTION TO THE FOLLOWING STATEMENTS. WHEN COMPLETED, PLEASE SUBMIT TO: MRS. TISHA FISHER, GUIDANCE OFFICE, CASTLE HIGH SCHOOL, 3344 HWY 261, NEWBURGH, IN 47630. ALL APPRAISALS MUST BE RETURNED BY **THURSDAY, MARCH 15**. THANK YOU FOR YOUR INSIGHT.

THE APPLICANT SHOWS GREAT WORK ETHIC.

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> ALWAYS    | <input type="checkbox"/> USUALLY |
| <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> NEVER   |

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 GOALS.

- |                                    |                               |
|------------------------------------|-------------------------------|
| <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.

- |                                    |                               |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> EXCELLENT | <input type="checkbox"/> GOOD |
| <input type="checkbox"/> FAIR      | <input type="checkbox"/> POOR |

THE APPLICANT'S WORTHINESS OF SCHOLARSHIP CONSIDERATION.

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> EXTREMELY WORTHY | <input type="checkbox"/> WORTHY     |
| <input type="checkbox"/> SOMEWHAT WORTHY  | <input type="checkbox"/> NOT WORTHY |

COMMENTS

---

---

---

---

APPRaiser'S SIGNATURE	TITLE	PHONE NUMBER	DATE
-----------------------	-------	--------------	------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------