Shirley Hess Athletic Scholarship Application Horseshoe Bend School District #73

Application Instructions for Scholarship GRAUDATING SENIORS

Students who are eligible to apply for this scholarship must be in their senior year at Horseshoe Bend High School and planning to attend a post-secondary learning institution. Scholarships will be available only to those students who are eligible for graduation from Horseshoe Bend High School at the end of the semester in which application is made, and have been enrolled in the Horseshoe Bend School District for a minimum of 2 continuous years, including the semester, immediately prior to graduation and are in their fourth year of high school as a senior in good standing. Applications will be available for completion $\underline{April\ 1^{\underline{u}}}$ and must be completed by $\underline{May\ 1^{\underline{u}}}$ of the qualifying year.

In making their choices as to the persons to be benefited, the selection committee will be guided by the following criteria:

- a. the athletic excellence of the individual;
- b. the scholastic record of the individual;
- c. the participation record of the individual; and
- d. an applicant must be a full-time student at Horseshoe Bend High School at the time of selection.

This scholarship in non-renewable and will be dispensed to the registrar's office upon receipt of proof of enrollment in a post secondary institution.

ADDITIONAL INFORMATION:

Applicants must submit the following items in the application package:

- 1. A one-page personal statement about yourself, your goals, and why you should receive this scholarship.
- 2. One letter of recommendation from a coach or athletic supervisor.
- 3. An official transcript of your high school records. Senior grades through 3rd quarter.
- 4. A copy of a completed application to a post-secondary institution.

This application must be completed and returned to:

High School Counselor Horseshoe Bend High School 398 School Drive Horseshoe Bend, ID 83629

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Application Form - All information on the Shirley Hess Scholarship must be completed. This form and completed application may be photocopied for your records.

PERSONAL INFORMATION

Applicant's Name	BirthdatePhone #		
Address			
City	State	Zip	
Graduation D	ate		
HIGH SCHO	OOLS ATTENDED (Grades 9	-12)	
Name of School	Entrance Date	Years Attended	
Name of School	Entrance Date	Years Attended	
Name of School	Entrance Date	Years Attended	
I have addressed the criteria of	of this scholarship and it is attach	ed to this application.	
I attest that the information provid if inaccurate information is includ	led herein is accurate to the be ed, I will be ineligible to recei	est of my knowledge, that we scholarship funds.	
SIGNATURE	DA	DATE	

Submit your completed application, in a sealed envelope, to your school counselor this year by May 1st.