West Fork Scholarship Fund Application

TO THE APPLICANT:

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education.

Complete your sections of this application at your earliest convenience, then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. West Fork Scholarship Fund reserves the right to process only applications found to be complete as of the application deadline.

REMEMBER: This application becomes valid only when the following have been submitted:

1)	Application
2)	All Required Signatures
3)	Current Transcript of Grades
4)	Application Deadline: Must be returned to Jacquelyn Parker on/before

Certification and Permission to use "Recipient Information" to Announce Scholarship Winners In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award West Fork Scholarship Fund may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of West Fork Scholarship Fund and its affiliated programs.

Applicant's Signature	Date
Parent Signature (if student is less than 18 years old)	

PLEASE PRINT OR TYPE

Mr	(First)	(MI)	-	
Permanent Address (Street)	(City	·) .	(State)	(Zip)
Date of Birth (month, day, year)	() Telephone Number	 E-Mai	il Address	
Name of parent/guardian				
Permanent mailing address of parent/ guardian if different from applicant				
	(Street) () Telephone Number	(City)	(State) —	(Zip)
SCHOOL DATA	4444			
High School Attended		NA	Graduation Date: Month	Year
Address (Street) Name of High School Principal	(City)	(State)	(Zip) Telephone Number	
Name of postsecondary school for whi		p is requested:	4-year College/University Community College	
Address	(City	·)	(State)	(Zip)
Student will: Live on campus	☐ Live off campus	commute	,	
·	☐ Live off campus	☐ commute	,	
	☐ half-time or more		,	
Enrolled: ☐ less than half-time	half-time or more			
Enrolled: less than half-time	half-time or more			
Enrolled:	half-time or more			

PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

APPLICANT APPRAISAL (R	EQUII	RED)						
To be completed by a high school or col	lege co	ounselor or a	advisc	r, an instruct	or, or	a superviso	r.	
You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.								
The applicant's choice of a postsecondary education program is		extremely appropriate		very appropriate		moderately appropriate		inappropriate
The applicant's achievements reflect his/her ability		extremely well		very well		moderately well		not well
The applicant's ability to set realistic and attainable goals is		excellent		good		fair		poor
The quality of the applicant's commitment to school and community is		excellent		good		fair		poor
The applicant is able to seek, find, and use learning resources	. U	extremely well		very well		moderately well		not well
The applicant demonstrates curiosity and initiative		extremely well		very well		moderately well		not well
The applicant demonstrates good problem- solving skills, follows through, and completes task The applicant's respect for self and others is	(S)	extremely well		very well		moderately well		not well
The applicant's respect for self and others is		excellent		good		fair		poor
Appraiser's Signature Date Title			() Telephone Number					
Appraiser's Business Address (Street)		(City)				(State)		(Zip)
Academic Information								
Applicant ranks in a class of								
Cumulative grade point average	/4	4.0 scale						
PSAT Verbal Math	SAT V	erbal	Mat	h				
ACT Composite								

Return Application To: Jacquelyn Parker