

Scalp and Blade Scholarship Application

THIS APPLICATION MUST BE SUBMITTED BY MARCH 26, 2021 TO:

Terence M. Hall, Chairman

Scalp and Blade Scholarship Selection Committee

300 Meadowview Lane

Amherst, NY 14221

One Applicant per High School

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

**Personal Information**:

Legal Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Number, Street, City, and Zip Code):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information:**

Annual Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: If your school is on trimesters the amount is for the three semesters.

List **Scholarship and grants** expected to be received:

Source Annual Amount Renewable Total Years to be received

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List **savings** from employment and/or other sources earmarked for college education:

Source Amount

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Father’s name and occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name and occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents combined adjusted gross income from two most recent federal tax returns:

Year \_\_\_\_\_\_\_\_\_\_\_\_ AGI \_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_ AGI\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your siblings including age and the school they are attending:

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**Please complete the following information on the below lines or on an attached sheet of paper which contains your name.**

**Activities:**

**Clubs, Organizations or Activities** in which you have participated **in school**: (Examples: Drama, Chorale, Band, Debating, Honor Society)

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**Athletics**: List the sports in which you participated and the level (Club, Travel, Intramural, Junior Varsity, Varsity, Other)

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**Leadership Positions** (Examples: Class Offices, Organizational Chairs, Team Captain, other).

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**Community Involvement, Non-school Organizations or Employment Positions** held during High School.

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Please answer one of the following Essay Questions **typed** on a separate sheet that contains your name to be attached to this application. Not to exceed approximately 300 words:

1. ***Tell us about a book, article, person or significant experience that you read or encountered and how it inspired you.***

***Or***

1. **Submit an essay used on another application of approximately the same length.**

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### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge and that the essay is my original composition. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Scalp and Blade Foundation’s scholarship program.

I hereby understand that if chosen as a scholarship winner, according to the Scalp and Blade Foundation’s Scholarship policy, it is my responsibility to remit to the Foundation the appropriate information for my scholarship to be paid directly to me.

I understand incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Information to be completed by the Guidance Counselor**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly Grade Average for four High School Years

Freshman Sophomore Junior Senior (mid-term)

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**SAT** Scores:

Writing Mathematics Combined

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**ACT** Scores:

English Mathematics Reading Science Combined

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Anticipated Class Rank Number of Students in Class

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**~Please attach a copy of the student’s grade transcripts, if available~**

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that to the best of my knowledge that the Academic Information submitted in this application is correct and that I support this application to the Scalp and Blade Foundation’s Scholarship Selection Committee.

Name of Guidance Counselor submitting the application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information (email and phone):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Guidance Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**