

APPLICATION FOR THE JOHN WILLIAMS POILLON MEMORIAL SCHOLARSHIP

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

THIS APPLICATION MUST BE ACCOMPANIED BY THE FOLLOWING ITEMS:

1. LETTER FROM APPLICANT ADDRESSED TO PRESIDENT, POILLON SCHOLARSHIP COMMITTEE (INCLUDE MOTIVATION IN FURTHERING EDUCATION AND VOCATIONAL AND EDUCATIONAL PLANS FOR THE FUTURE).
2. TWO LETTERS OF RECOMMENDATION FROM PRINCIPAL, COUNSELORS, TEACHERS, EMPLOYER, FAMILY FRIEND, COACH, PASTOR, ETC. WHICH SHOW MERIT FOR GRANTING A SCHOLARSHIP. INDIVIDUALS WRITING LETTERS ARE REQUESTED TO IDENTIFY POSITION/TITLE AND HOW HE/SHE KNOWS APPLICANT.
3. RESUME LISTING THE FOLLOWING: LEADERSHIP POSITIONS, OFFICES HELD, HONORS RECEIVED WHILE IN HIGH SCHOOL (TEAM CAPTAIN, SUPERVISORY POSITIONS AT WORK, SCOUTING RANK/AWARDS, NATIONAL HONOR SOCIETY, ETC.); EXTRACURRICULAR SCHOOL ACTIVITIES, AND OTHER ACTIVITIES IN WHICH YOU HAVE PARTICIPATED (SPORTS, CLUBS, CIVIC/CHURCH ACTIVITIES, VOLUNTEER WORK, ETC.); AND WORK EXPERIENCE. PLEASE INCLUDE DATES FOR EACH ITEM LISTED. FOR VOLUNTEER WORK, PLEASE INCLUDE TOTAL HOURS FOR EACH VOLUNTEER OPPORTUNITY.
4. COPY OF CURRENT FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) REPORT.
5. TRANSCRIPT OF GRADES PROVIDED BY HIGH SCHOOL (INCLUDE COLLEGE BOARD RESULTS AND CLASS STANDING). IF ANY COLLEGE COURSES HAVE BEEN TAKEN, A TRANSCRIPT IS ALSO REQUIRED.

NAME: _____

DATE OF BIRTH: _____ DATE OF APPLICATION: _____

HOME ADDRESS: _____

TELEPHONE NUMBERS (HOME/CELL): _____

PARENTS' OR GUARDIANS' NAMES: _____

WHERE IS PARENT OR GUARDIAN PRESENTLY STATIONED OR EMPLOYED AT FORT LEAVENWORTH? (RANK/JOB TITLE/LOCATION/PHONE NUMBER): _____

IF NOT PRESENTLY STATIONED OR EMPLOYED HERE, WHEN AND WHERE WERE THEY LAST STATIONED OR EMPLOYED AT FORT LEAVENWORTH? _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SCHOOL PRESENTLY ATTENDING AND ANTICIPATED GRADUATION DATE: _____

INSTITUTIONS YOU HAVE APPLIED FOR (FOLLOW-ON EDUCATION): _____

WHAT IS/ARE YOUR CHIEF SCHOLASTIC INTERESTS (ANTICIPATED MAJOR/MINOR): _____

LIST SIBLINGS AND GIVE AGES. INDICATE THOSE WHO ARE PRESENTLY ATTENDING COLLEGE. INDICATE THOSE WHO ARE NO LONGER LIVING AT HOME OR CLAIMED AS A DEPENDENT: _____

DO YOU EXPECT TO EARN ANY OF YOUR COLLEGE EXPENSES? HOW? _____

LIST ANY OTHER SCHOLARSHIPS THAT YOU WILL BE RECEIVING THIS YEAR (ROTC, ETC.):
