



# The Mintier Veteran's Scholarship (2010) **\$1000 Award**

## Eligibility Criteria

Eligibility criteria define which students will be eligible to apply or receive the scholarship:

- Graduating seniors of MHS, and applicant must be the son or daughter of a U.S Veteran
- Applicants must be scheduled for enrollment in a post secondary accredited technical school, vocational/trade school, college or university.
- Applicants must have a **2.0 GPA** or above

## Selection Criteria

Scholarship recipients will be chosen on the basis of the following:

- Character
- Academic Potential
- Leadership potential
- Financial Need

## APPLICANT INFORMATION

**A. INSTRUCTIONS - TURN COMPLETED APPLICATION & DOCUMENTATION INTO THE MHS GUIDANCE DEPT. (ATTENTION LINDA PROEHL) BY APRIL 9<sup>TH</sup>, 2010. Applications must be complete at time of submission.**

The Application must be completed in full and include the following documentation:

1. One letter of recommendation from persons other than relatives.
2. Transcript of high school grades including GPA. (Provided by Guidance Dept.)

### **B. PERSONAL DATA**

**DATE** \_\_\_\_\_

Name in Full \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street City

Parent's Name: \_\_\_\_\_  
State Zip Parent's military service: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Email : \_\_\_\_\_

# of Brothers \_\_\_\_\_ (ages: \_\_\_\_\_) # of Sisters \_\_\_\_\_ (ages: \_\_\_\_\_)

How many others from your household will be attending higher education in the next year? \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_ (If no, what country \_\_\_\_\_)



**C. EDUCATIONAL BACKGROUND**

Date of Graduation\_\_\_\_\_ Course taken\_\_\_\_\_  
Rank in class\_\_\_\_\_ Approximate # in class\_\_\_\_\_

**D. PROPOSED COURSE OF STUDY**

What degree are you pursuing with the assistance of this scholarship?\_\_\_\_\_  
\_\_\_\_\_

Name and address of proposed college/educational institution\_\_\_\_\_

Name Street Address City Zip

How many years in school are required to complete the degree work you are pursuing?\_\_\_\_\_

If you have already begun this degree program, what year have you just completed?\_\_\_\_\_

Will you be a full-time\_\_\_\_\_ or a part-time\_\_\_\_\_ student?

Beginning date of classes \_\_\_\_\_

**E. PERSONAL STATEMENT**

Use this space to give additional information about your ambitions, goals, background, community service, and financial need, which would assist the committee in judging you for this scholarship. (Avoid restating information previously given on this application.)

(Note: Any additional information may be added on a supplementary sheet.)

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P.O. Box 608 – 126 N. Main St. – Marysville, Ohio 43040 – (937) 642-9618 – FAX (937) 642-7376

**F. SPECIAL CIRCUMSTANCES:** Explain any special circumstances that support your need for this scholarship \_\_\_\_\_

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**G. RECORD OF EXTRA-CURRICULAR ACTIVITIES:**

Include school and community activities and honors. Check in the spaces provided the school year(s) in which you participated in each activity. (Attach additional sheet if necessary)

NAME OF ACTIVITY                      9<sup>TH</sup>    10<sup>TH</sup>    11<sup>TH</sup>    12<sup>TH</sup>                      OFFICES & HONORS

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A brief personal statement on the meaning/importance of your friends and family \_\_\_\_\_

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**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_