

**Application Cover Page**

**Applicant Information – Must Be Typed**

**Name**: Click here to enter text.

**Address**: Click here to enter text.

**City**: Click here to enter text. **State**:       **Zip**:

**Primary Phone**: Click here to enter text. **Cell Phone**: Click here to enter text.

**Email**: Click here to enter text. **Date of Birth** (mm/dd/yyyy):

**Name of Parents/Guardian**: Click here to enter text.

**Address**: Click here to enter text.

**Phone Number**: Click here to enter text.

**Cumulative GPA**: Click here to enter text.

**Anticipated Degree Program**: Click here to enter text.

**Starting Date** (mm/dd/yyyy):       **Anticipated Completion date:** (mm/yyyy):

**Spirit Team “Herd” Leader Scholarship**

Before preparing this application, please review the criteria outlined below. **The application and all support material must be submitted to the BHS Guidance Office by April 27, 2018.**

**About the Scholarship:**

This is a **non-renewable** scholarship for individuals meeting the following criteria: A cumulative GPA of 2.5 or better is required, completed application, and essay. **The scholarship recipient will receive the Herd Spirit Scholarship at the BHS Honors Convocation in May.**

**The following criteria will be the basis for selection:**

1. Graduating Senior from Buchanan High School
2. A cumulative GPA of 2.5 or better is required.
3. Personal dedication to Buchanan High School and The Herd. The student selected will need to have been a vital member of the Spirit Team, assisted with growing school spirit and exhibited school pride in all areas, across all sports & events. This student should conduct themselves in a positive manner in and out of school.

**Students must submit the following with the completed application:**

1. Copy of high school transcript
2. Typed essay (approximately 200 words) describing the student’s involvement with the Spirit Team, his/her commitment to exhibiting school pride, and how he/she intends to carry his/her Buck Pride with them beyond high school.

**Information regarding the U.S. community college or four-year college student will attend in the 2016-17 school year:**

**Name of Post-Secondary Institution**: Click here to enter text.

**Address**: Click here to enter text.

**City**: Click here to enter text. **State**:       **Zip**:

**Anticipated Degree Program**: Click here to enter text.

**School and Community Involvement**

Provide information regarding participation in high school clubs, community volunteer activities and employment. State the name of the group, the years involved, and the responsibility or accomplishments in that group, e.g., officer, program chair, etc.

**School Activity**

|  |  |  |
| --- | --- | --- |
| **Name of Club/Organization** | **# of Years** | **Your Responsibility or accomplishment** |
| Click here to enter text. |       | Click here to enter text. |
| Click here to enter text. |       | Click here to enter text. |
| Click here to enter text. |       | Click here to enter text. |
| Click here to enter text. |       | Click here to enter text. |

**Community Volunteer Activity**

|  |  |  |
| --- | --- | --- |
| **Name of Club/Organization** | **# of Years** | **Your Responsibility or accomplishment** |
| Click here to enter text. |       | Click here to enter text. |
| Click here to enter text. |       | Click here to enter text. |
| Click here to enter text. |       | Click here to enter text. |
| Click here to enter text. |       | Click here to enter text. |

**Employment**

|  |  |  |
| --- | --- | --- |
| **Name of Business** | **# of Years** | **Your Responsibility**  |
| Click here to enter text. |       | Click here to enter text. |
| Click here to enter text. |       | Click here to enter text. |
| Click here to enter text. |       | Click here to enter text. |
| Click here to enter text. |       | Click here to enter text. |

**Signatures *Cannot be electronic signatures. Must submit a signed hard copy to guidance no later than May 2, 2018***

**Certification:**

I acknowledge that the information in this application is correct to the best of my knowledge. I fully understand that if an award is given to me, it is for the purpose of post-high school education. I also acknowledge that distribution of all scholarships is contingent upon funds available.

This scholarship is made at the discretion of the Spirit Team advisers. The Spirit Team advisers reserve the right to rescind any or all of this scholarship due to unanticipated circumstances.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_