

Boyceville Area Sno-Jammers Scholarship

Dear Graduating Senior,

The Boyceville Area Sno-Jammers is sponsoring a scholarship and/or multiple scholarships up to \$1,000.00. The scholarship(s) will not be strictly for those planning to attend College/Technical School, but for any type of post high school education. The scholarship check will be awarded to the student upon successful completion of one full year of postsecondary education. (Year to be limited to the school year following high school graduation). An official transcript is required from your College/Technical School or program at the end of your first year to be eligible for scholarship funds.

Sincerely,

The Boyceville Area Sno-Jammers Scholarship Committee

Boyceville Area Sno-Jammers Scholarship Application

Name _____

Address _____

Phone Number _____

Full Name of Parent or Guardian _____

Past Member of Sno-Jammers _____

Scholarships will be awarded on four criteria: Academic achievement, extracurricular activities, community involvement and financial need. **Two recommendations will be needed:** One from a staff member and one from your choice of clergy, employer, community leader, etc.

A screening committee will be responsible for the final selection, which will include an alternate.

Deadline for the application is Thursday, April 18, 2024.

Please have your references fill out the attached evaluation form. Ask them to send the completed form to: Boyceville High School Counseling Office, 1003 Tiffany Street, Boyceville, WI, 54725

YOU ARE RESPONSIBLE FOR MAKING SURE YOUR REFERENCES EVALUATION FORM IS COMPLETE AND REACHES THE ABOVE ADDRESS BEFORE THE DEADLINE. Please check with your references to see that they have sent the form. Failure to return the form will jeopardize your chances of receiving a scholarship.

1. Financial Need: How will you finance your post-secondary education?

% by parents _____

% from savings _____

% from personal earnings _____

% from other (please describe) _____

2. Will you be living at home _____ or at school _____?

3. Will you be paying out-of-state tuition? _____

4. Describe any unusual financial need, family responsibilities, commuting costs, etc.

5. In the space below, briefly state why you are applying for scholarship assistance.

6. What are your plans for the future using your post high school education?

7. Activities: List projects, awards, offices held, etc.

8. Other civic activities: List hobbies, sports, music, church, etc.

PLEASE INCLUDE A HIGH SCHOOL TRANSCRIPT WITH THIS APPLICATION

Boyceville Area Sno-Jammers Student Evaluation Form

Applicant's Name _____

The scholarship evaluation form is a requirement of the student's application. Please indicate your own observations and opinions of the applicant. These judgments will be given considerable weight by the scholarship committee in determining qualifications and will be treated in a confidential and professional manner.

1. **COOPERATION**: Consider willingness to work with people in various capacities.

Outstanding

When Convenient

Uncooperative

2. **INITIATIVE**: Consider ability to see things to do, resourcefulness and assertiveness.

Seeks additional tasks

Does ordinary assignments

Needs constant prodding

3. **JUDGMENT & COMMON SENSE**: Consider ability and foresight in making daily decisions.

Makes sound decisions

Fair Judgment

Lacks judgment

4. **LEADERSHIP**: Consider their ability to get others to do what he/she wishes.

Consistently is a leader

Leads Occasionally

Never leads associates

5. **RELIABILITY**: Consider dependability, willingness and honesty.

Exceptionally reliable

Usually reliable

Unreliable

Additional written comments: Please note, use pronouns instead of the applicant's name to ensure anonymity in the evaluation process when completing the questions below. How long and on what basis have you known the applicant? What are his/her strong points, weaknesses or difficulties? Consider behavior, which suggests unusual creative potential (original or imaginative thought as opposed to merely doing what is expected). Complete these questions on a separate piece of paper.

Name of Evaluator _____ Title/Occupation _____

Signature of Evaluator _____ Date _____

Phone Number _____

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