

Sherrard Booster Club Scholarship Application 2024



The Sherrard Booster Club will be giving up to five Scholarships with a minimum of \$1,000 each. This application form must be completed and submitted by the deadline in order to be considered.

Student Contact Information

Student Name		
Parent/Guardian Name		
Address (street, city, zip)		
Home Phone		Cell Phone:
Student ID #		Birthdate:
E-Mail Address		

Qualifications

Scholarship Requirements

- Sherrard High School Student (Minimum of 2 years)
- Senior planning to attend college or trade school
- Exhibits school and community involvement
- At least one extra-curricular activity each year of High School
- Have not committed any Code of Conduct violations
- Current Paid Booster Club member by **February 1st, 2024** with (family or single membership) for 2 years
- Current on all school accounts (uniforms, books, equipment, fees)

Application Packet & Submission

Must complete application packet and submit according to directions provided.

- Contact information Above
- Essay/Question Section
- Two Recommendation Letters
- Submit in a **sealed envelope** to High School Guidance Counselor, Julie Drish addressed to **Attn: Sherrard Booster Club**
- Meet All Qualifications Above
- Verification Section
- Deadline **March 28, 2024**

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School and Community Involvement

List community activities you have been involved with. (Athletics, Religious, Volunteer, Charity Work)

Employment

Summarize any paid and unpaid jobs held while in high school. Include dates/years of employment.

Future Plans

What are your educational plans after graduation? What do you hope that this additional education will lead to as far as future employment opportunities?

Booster Club Impact

Why do you feel that the Sherrard Booster Club is important? How did it impact your experience while attending Sherrard Schools?

The verification section requires signatures from the School Counselor, Activities Director, and your Parent/Guardian. The Booster Board Member will verify after the application is submitted.

Verification Section

Counselor Verification

Student GPA as of 7 th Semester of High School (on 4.0 scale)	Student's GPA is:
Counselor Signature	Date

Activities Department Verification

Code of Conduct Violations	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comments:</i>
Currently in Good Standing	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Comments:</i>
Activities Director Signature	Date

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Booster Verification

Our family meets the 2 years of paid booster membership requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature	Date
Booster Board Verification <i>(after the application is submitted)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Booster Board Signature	Date

Recommendations

Two (2) letters of recommendation must be submitted with the application.

One must be from a high school staff member and the second can be from another source such as a religious leader, employer or previous teacher. ***Each letter needs to be in its own individual sealed envelope and then enclosed in another envelope along with this application.*** Letters from the following people (please print) are enclosed:

School Staff Name		Title:
Other Name		Title:

Scholarship Selection

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. The scholarship awards will be decided by a committee of 3-5 members consisting of the activities director, an officer of the Booster Club Board, and at least one teacher/staff member. No committee member may have a child/relative who is an eligible scholarship candidate.

Thank you for completing this application form and for your interest in the Sherrard Booster Club Scholarship.

Best of luck to you in your future!