



## **CENTERVILLE NOON OPTIMISTS**

### **MEMORIAL**

## **EDUCATIONAL ASSISTANCE AWARD APPLICATION**

**\$2,000.00**

**(Renewable for a second year at \$2000.00)**

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#### **QUALIFICATIONS:**

1. Be a graduating high school senior that will be attending a college/university offering a two/four year degree upon completion of an accredited program.
2. Be a resident of Centerville/Washington Township.
3. Have a strong record of participation in community service activities.
4. Possess a financial need.

Please provide as much information as possible. The only information the selection committee will have to judge your eligibility for the Centerville Noon Optimist Educational Assistance Award will be the information you provide. If the space provided on this Application is not sufficient to provide the information requested, you may use additional sheets of paper. Please be sure to type or print legibly.

This application becomes the property of the selection committee and will not be returned to the applicant.

**Applications will not be considered if not received by April 1.**

The selection committee will inform all applicants of their decision before May 1.

## APPLICATION FOR AWARD

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Brothers/Sisters \_\_\_\_\_ Age \_\_\_\_\_

(Note with  
"\*" any other  
family  
member  
currently  
attending  
college, etc.)

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

## EXTRACURRICULAR ACTIVITIES

List extracurricular activities, noting: (1) the hours involved in each activity per week; (2) the length of time involved in the activity; and (3) any leadership positions or accomplishments while participating.

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## COMMUNITY SERVICE ACTIVITIES

List community service organizations (whether related to school, church, or other organization), noting: (1) the hours involved in each activity per week; (2) the length of time involved in the activity; (3) the way, if any, in which each organization serves the youth of our community; and (4) any leadership positions or accomplishments while participating.

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## EMPLOYMENT HISTORY

From \_\_\_\_\_ To \_\_\_\_\_  
Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Duties \_\_\_\_\_

## REFERENCES

Please provide the name and address of three references: **(1)** a teacher, counselor or administrator at your school; **(2)** a person outside your immediate family who knows of your community service; and **(3)** anyone outside your family.

School: Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Community: Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Other: Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

## COLLEGE PLANS

In order of preference, list colleges or schools to which you have applied, noting the status of your application (accepted or pending) and the estimated annual cost (tuition, room and board).

Name \_\_\_\_\_ Status \_\_\_\_\_ Cost \$ \_\_\_\_\_

Name \_\_\_\_\_ Status \_\_\_\_\_ Cost \$ \_\_\_\_\_

Name \_\_\_\_\_ Status \_\_\_\_\_ Cost \$ \_\_\_\_\_

Name \_\_\_\_\_ Status \_\_\_\_\_ Cost \$ \_\_\_\_\_

What would you like to do when you graduate from college?

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## FINANCIAL NEED

How much money have YOU saved to assist in paying for your college education? \$ \_\_\_\_\_

How much will your parents contribute to your college education? \$ \_\_\_\_\_

Please state why you believe you have a financial need. \_\_\_\_\_

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**A copy of your FAFSA Student Aid Index must be submitted with your application.**

## NARRATIVE

On a separate sheet, please write a narrative to be limited to one page, double spaced, on the topic: **Why is it important that community members provide service to youth, and what is the high school student's role in providing such service?**

I certify that the above information is true to the best of my ability and I authorize the selection committee of the Centerville Noon Optimists to contact the references listed above and any teacher, counselor or administrator at my school relative to determining my eligibility for a Centerville Noon Optimist Educational Assistance Award.

Signature \_\_\_\_\_ Date \_\_\_\_\_