

# Clayton DeVoe Scholarship

Scholarship, Leadership, and Financial Need

Name: \_\_\_\_\_  
Last First Middle Initial

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
numbers only, i.e. 999999999

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
enter 10 digit number i.e. 999999999

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year City & State or Country

Gender:  Male  Female

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. or state income tax form. If you purposely give false or misleading information, you will be disqualified from this contest. You agree to the use of your name, and any information contained within the application except for the parental financial analysis and financial statement, for advertising, promotional and publicity purposes without consent or compensation.

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_  
Student

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_  
Mother/Step-mother

Date: \_\_\_\_\_ Signed By: \_\_\_\_\_  
Father/Step-father

List jobs you have held during High School. Start with the most recent and include work on a family farm or for a family business, even if you were not paid. If necessary, attach a separate sheet structured identically to this section. List approximate total hours worked, not average hours worked per week. **You will receive 0 points in this section if you do not list your hours as instructed.**

Specific Nature of Work	Employer	Approximate dates of Employment	Total Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Grand Total Hours Worked:			_____

List community Service you performed during High School. Start with the most recent. If necessary, attach a separate sheet structured identically to this section. List approximate total hours worked, not average hours worked per week. **You will receive 0 points in this section if you do not list your hours as instructed.**

Specific Nature of Service	Organization	Approximate Dates of Service	Total Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Grand Total Hours Worked:			_____

List scholastic, extracurricular and civic honors and received awards during grades 9 – 12. State nature of award and the grade it was received: i.e. Girl Scout Gold Award, 12. **Please do not abbreviate names of awards**, as we may not be likely to understand the meanings. Include a brief description of each award on a separate sheet of paper. Feel free to explain, in 25 words or less, the purpose of the award and why you received it.

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	
9. _____	5. _____
10. _____	

Please rank the order of the factors most likely to influence your college enrollment decision:

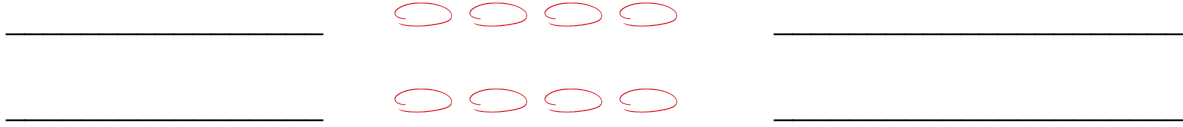
- |   |   |
|---|---|
| <input type="radio"/> Financial Aid package | <input type="radio"/> Early acceptance  |
| <input type="radio"/> Intended major        | <input type="radio"/> Athletic programs |
| <input type="radio"/> Proximity to home     | <input type="radio"/> Other _____       |

Have you been awarded other financial aid, grants, or scholarships? If so, please list.

_____	_____
_____	_____

List your **principal** leadership roles and extracurricular activities, in the order of its importance to you. State the name of the organization, years involved, hours per week commitment, leadership role and responsibilities held in that role. Examples include, but are not limited to, student government, publications, debate, orchestra/band, varsity athletes, church groups, performing arts, service programs, etc. Complete this section, even if you plan to attach an activity sheet or resume.

Activity	Grade Level				Hours/Week	Weeks/Year	Positions Held/ Honors Received/ Letter Earned
	9	10	11	12			
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			



You must prepare an essay of no more than 500 words from one of the following topics. Please indicate your topic by checking the appropriate box. **The essay must be typed, dated and signed.** Failure to do so will result in zero points in this section.

- Discuss an issue of personal, local, or national concern and its importance.
- Who do you think is the voice of your generation, and what message does he or she express? Do you agree with the message? Why or why not?
- Using one of the leadership roles or extracurricular activities you prioritized as being important to you, describe what impact the experience had on you, what you contributed, what you learned about yourself, and how it has influenced your plans for the future.



Attach copies of exhibits of achievement in scholarship, leadership, athletics, performing arts, community service, or other activities. Be selective in the exhibits you choose to submit, the idea is quality over quantity. The number of exhibits should be limited to no more than 12 pages. Newspaper articles, letters of commendation for community service, or art projects are all examples of exhibits that can be included. **Do not submit originals. The exhibits will not be returned to you.**



Applicant's parents must complete a statement of 200 words or less summarizing the family obligations and resources. The statement should illustrate the need for financial assistance.



(If parents have not filed tax return, they must estimate income for 20\_\_)

Father's Name

Step-father's Name \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name

Step-mother's Name \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Other school age children in the home or in College. List number \_\_\_\_\_.

Ages \_\_\_\_\_

Is your son/daughter Pell Eligible? Yes No

# Counselor Report

**Applicant:** Complete the top portion of this page and give it to your counselor or appropriate school official. This section can be completed by your counselor before you are finished with the application.

Student Name: \_\_\_\_\_ Social Security  
Number \_\_\_\_\_  
Last First M.I. numbers only, i.e.  
999999999

**Counselor:** Please include a copy of your school profile and answer the following questions, even if the information is included in the profile. If your school has a policy of not ranking students, provide information to help us identify promising applicants.

\* This form will not be returned to student.

This applicant's grade point average (A=4.0) \_\_\_\_\_  
The highest GPA in the graduating class \_\_\_\_\_

Is the GPA based on weighted grades?  Yes  No

Class rank: The applicant ranks \_\_\_\_ in a class of \_\_\_\_.

How many students have this rank? \_\_\_\_\_.

How many rank above? \_\_\_\_ Is this rank based on weighted grades?  Yes  No

If exact rank is not available, indicate rank to the nearest 10<sup>th</sup> from the top: \_\_\_\_\_

Applicant's **highest** test scores: ACT \_\_\_\_\_ / Date(s) taken \_\_\_\_\_  
SAT Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ / Date(s) taken \_\_\_\_\_

Are honors courses available in all academic subjects?  Yes  No

If no, in which subjects are they available? \_\_\_\_\_

Are Advanced Placement courses available in all academic subjects?  Yes  No

If no, in which subjects are they available? \_\_\_\_\_

What symbols are used on the transcript to designate honors or Advanced Placement courses?  
\_\_\_\_\_

How is your school's academic schedule based?  Semester  Quarter  Block   
Other \_\_\_\_\_

How would you describe this applicant's academic program compared with that of other students applying for scholarships?

Below Average  Average  Above Average  Rigorous  Most Rigorous

Is there a community service requirement to graduate?  Yes  No If yes, how many hours?

\_\_\_\_\_

Has the applicant ever been suspended or dismissed from your school?  Yes  No

If yes, please explain the circumstances. \_\_\_\_\_

I recommend this applicant for the Clayton DeVoe Scholarship Contest:

Yes

No If no, please explain. \_\_\_\_\_

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Please secure the following in a sealed envelope, signed across the seal, and give it to the student to include in his/her application brochure.  Completed Counselor Report Form   
School Profile (if available)

Name (please print) \_\_\_\_\_ Position: \_\_\_\_\_ School

Phone: \_\_\_\_\_

School Email \_\_\_\_\_ Length of time acquainted with applicant: \_\_\_\_\_

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