

# ARROWHEAD SCHOLARSHIP FUND APPLICATION

For \_\_\_\_\_

AHS Student Identification Number

## Arrowhead Scholarship Fund

The application process has been updated for 2018. Read all directions carefully.

**Application Deadline: Completed application packets are due in the North Campus Guidance Office by February 20, 2018 at 3:00p.m.**

*The Arrowhead Scholarship Fund sponsors scholarships for students. Criteria for these awards include academic performance, school involvement, character, leadership, employment history and community service. Students planning to attend two or four year colleges or technical colleges are encouraged to apply.*

### Basic requirements for these scholarships are:

- Acceptance at a two or four-year university/college/technical college
- Minimum GPA of 2.5
- Completed application packet submitted to guidance office by **3:00p.m. February 20, 2018**
- Student is in senior year at Arrowhead High School

### To complete the application:

- Print checklist page with all application packet requirements outlined for ongoing reference.
- Complete Part 1 of two ASF Recommendation Forms and distribute to those writing the letters of recommendation. Allow those writing letters enough time to complete and return to you prior to the due date. (Letters are to be included with the packet). See notes below regarding letters.
- Save copy of application form to your computer for completion. Complete the application form (proof read) and print copy to be submitted.
- Make copy of your ACT or SAT results to submit with application packet. (Please **black-out** Social Security information)
- Assemble all application materials and submit to the North Campus guidance office by **3:00p.m. February 20, 2018**.
- **Use checklist to verify that all materials are included.**
- **Fill in Blue Sheet in Counseling Office. Parents must sign if student is under 18.**
- **ONLY COMPLETE APPLICATION PACKETS SUBMITTED ON TIME WILL BE CONSIDERED FOR AWARDS.**

**Notes about Recommendation Letters: Two references must be submitted** from two people unrelated to the applicant; one must be a teacher at Arrowhead, the second may be a teacher, coach, counselor, advisor, community contact, employer or adult friend (as examples) that can address your character and/or accomplishments.

Specify on checklist:

- PART 1 of the recommendation form should be completed by the applicant. Then the applicant should send the completed form to people he/she wishes to use as references.
- PART 2 is to be completed by the individual making the recommendation.

The completed Recommendation Form and Letter of Recommendation should be returned to the applicant and submitted with application packet directly to the North Campus Guidance Office. Arrowhead teachers may provide the student with a completed ASF Teacher Recommendation Form in a sealed envelope in place of a Letter of Recommendation.

**QUESTIONS? Contact Us.**

[ASF@ArrowheadSchools.org](mailto:ASF@ArrowheadSchools.org)

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## Checklist for 2018 ASF Scholarship Application

- ( ) Checklist Page
- ( ) Scholarship Application – completed electronically and printed out  
Be sure to put your AHS Student Identification Number on each page
- ( ) Copy of ACT results
- ( ) Two Letters of Recommendation

Each letter should include cover sheet and letter.

1 Teacher: \_\_\_\_\_

1 other person: \_\_\_\_\_

Letters can be submitted in sealed envelopes from reference if that is their preference.

## To be obtained from AHS Counseling office by ASF committee:

- ( ) High School Transcript

## To be completed by ASF Scoring Committee:

<b>GPA</b>		
<b>Honors / AP Courses</b>		
<b>ACT Score</b>		
<b>Community Service</b>		
<b>Extra-Curricular Activities</b>		
<b>Leadership</b>		
<b>Letters of Recommendation</b>		
<b>Written Statement</b>		
<b>Employment</b>		
<b>TOTAL</b>		

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**For** \_\_\_\_\_

**AHS Student Identification Number**

Check one: ( ) Mr. ( ) Miss

1. Name \_\_\_\_\_  
Last Name First Name Middle

2. Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Parents Names \_\_\_\_\_

3. If not living with parents, explain and give name and address of guardian or nearest relative.

\_\_\_\_\_

4. Are you living in a single-parent home? Please circle: Y or N

5. Identify how you expect to finance your education. (Check all that apply)

\_\_\_\_\_ Personal Employment \_\_\_\_\_ Personal Savings

\_\_\_\_\_ Family Contributions \_\_\_\_\_ Grants

\_\_\_\_\_ Student Loans \_\_\_\_\_ Scholarships

6. It is anticipated that most parents will make some contribution to the educational expenses of their children. However, if that is not their intention, or if some exceptional circumstances affect their ability to contribute, please describe these factors below.

7. Name of college, university or technical school, etc. you plan to attend.

\_\_\_\_\_

8. Major or intended career goals: \_\_\_\_\_

9. Please check any that apply to you:

- Will complete four years of a foreign language
- Participated in three or more years of a AHS performance group
- Participated in a minimum of two sports every year
- Participated on the golf team

10. The Arrowhead Scholarship Fund has my permission to use my senior photo (as submitted to the AHS yearbook) on promotions and publicity. Please circle: Y or N

**Please complete each of the following pages. Follow the examples provided.**

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## EMPLOYMENT

**Employment** is defined as service for pay

**Leadership** is defined as guiding or managing a group of people

### Example

Grade	Employer	Hours Worked	Leadership- if applicable (define role)
9	None	0	
10	Century Foods	120	
11	J-Mart Bigbucks Coffee	60 40	
12	J-Mart	220	Assistant Manager; assisted in managing sales team

Grade	Employer	Hours Worked	Leadership – if applicable (define role)
9			
10			
11			
12			

Total Hours worked: \_\_\_\_\_

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## Community Service

**Community Service** is defined as activities performed for the betterment of people or our environment

**Leadership** is defined as guiding or managing a group of people

**Example**

Grade	Description of Community Service	Number of Hours	Leadership- if applicable (define role)
9	Lake Country Sharing	18	Organized Clothing Drive, Supervised 6 People
10	Participated in Toys for Tots Toy Collection for St. Elizabeth's Church Distributed Items for Lake Country Sharing	8 12	
11	None		
12	Participated in "Volunteer Saturdays" at Milwaukee Rescue Mission	60	

\*\*\* Mission Trips = 8 hours per day

Grade	Description of Community Service	Number of Hours	Leadership – if applicable (define role)
9			
10			
11			
12			

Total Number of Hours: \_\_\_\_\_

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## EXTRA-CURRICULAR ACTIVITIES

**Extra-Curricular Activities** are activities performed that fall outside the realm of the normal school curriculum. Please include both AHS sponsored activities and activities outside of school.

**Leadership** is defined as guiding or managing a group of people

**Example**

Grade	Description of Extra-Curricular Activity	Number of Activities	Leadership- if applicable (define role)
9	JV Basketball, Forensics, Boy Scouts	3	
10	JV Basketball, Junior Achievement High School Program Participant, Student Senate, Boy Scouts	4	Student Senate Committee Chair
11	Varsity Basketball, Junior Achievement Participant, Student Senate, Boy Scouts, Church Choir	5	Student Senate Vice-President
12	Varsity Basketball, Junior Achievement Participant, SODA, Boy Scouts, Church Choir, 4H	6	Captain, Varsity Basketball

Grade	Description of Extra-Curricular Activity	Number of Activities	Leadership – if applicable (define role)
9			
10			
11			
12			

Total Number of Activities: \_\_\_\_\_

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Write a 250-300 word essay on the topic below: (Please attach a separate page.)

- Describe your most meaningful experience(s) at Arrowhead and how they relate to your future goals.

Are there any additional circumstances that have impacted your life that you would like the committee to know? (Optional)

I authorize Arrowhead High School to release the necessary records including **transcript, test scores, attendance records, and teacher ratings and observations** to the Arrowhead Scholarship Foundation.

I have read all the statements on this application form. To the best of my knowledge and belief, the information furnished on this application is complete and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature (if under 18)

**ARROWHEAD SCHOLARSHIP FUND  
RECOMMENDATION**

**TEACHER RECOMMENDATION**

Applicant should fill in PART I of this form. The person making the recommendation should complete PART II and return to the applicant **no later than February 20, 2018.**

**PART I**

Name of Applicant \_\_\_\_\_  
Last Name                      First Name                      Middle

Home Address \_\_\_\_\_  
Number & Street                      City                      State                      Zip

**PART II**

1. How long have you known the applicant? \_\_\_\_\_ Years                      \_\_\_\_\_ Months
2. In what relationship? \_\_\_\_\_

Each letter of recommendation must be attached to this signed form, AHS teachers may also use the ASF Teacher Recommendation form, place it in a sealed envelope and attach it to this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Name of reference)

Name \_\_\_\_\_ Title \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Due no later than February 20, 2018**

**ARROWHEAD SCHOLARSHIP FUND  
RECOMMENDATION**

**OTHER**

Applicant should fill in PART I of this form. The person making the recommendation should complete PART II and return to the applicant **no later than February 20, 2018.**

**PART I**

Name of Applicant \_\_\_\_\_  
Last Name                      First Name                      Middle

Home Address \_\_\_\_\_  
Number & Street                      City                      State                      Zip

**PART II**

1. How long have you known the applicant? \_\_\_\_\_ Years                      \_\_\_\_\_ Months
2. In what relationship? \_\_\_\_\_

Each letter of recommendation must be attached to this signed form, AHS teachers may also use the ASF Teacher Recommendation form, place it in a sealed envelope and attach it to this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Name of reference)

Name \_\_\_\_\_ Title \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Due no later than February 20, 2018**