

ARROWHEAD SCHOLARSHIP FUND APPLICATION

For _____

Student name

Arrowhead Scholarship Fund

The application process has been updated for 2016. Read all directions carefully.

Application Deadline: Completed application packets are due in the North Campus Guidance Office by February 17 2016.

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 February 17, 2016
- 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 February 17 2016.
- 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.

QUESTIONS? Contact Us.
ASF@ArrowheadSchools.org

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Checklist for 2016 ASF Scholarship Application

- () Checklist Page
- () Scholarship Application – completed electronically and printed out – put your name on each page.

Recommend keeping copy for reference for other applications

- () 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:

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

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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 discuss these factors below.

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

8. Major or intended career goals: _____

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	8	
	Distributed Items for Lake Country Sharing	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 200-300 word essay on ONE of the topics below: (Please attach a separate page.)

- Discuss your future goals
- How has your “Arrowhead experience” helped shape your goals for the next phase of your life?

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 17, 2016.**

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.

Signed _____ Date _____
(Name of reference)

Name _____ Title _____
(Please Print)

Address _____ Telephone _____

Due no later than February 17, 2016

**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 17, 2016.**

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
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Each letter of recommendation must be attached to this signed form.

Signed _____ Date _____
(Name of reference)

Name _____ Title _____
(Please Print)

Address _____ Telephone _____

Due no later than February 17, 2016