

THE MERCKLE FAMILY

SCHOLARSHIP FUND

Guidelines & Application

Applicant's Name

GUIDELINES

1. To qualify to receive this scholarship, the applicant must have maintained a "C" or better scholastic average during their four years of high school, must have attended Norwayne during his/her junior and senior years, and must be a Norwayne graduate.
2. The recipient shall have demonstrated financial need and academic potential.
3.
 - Two (2) \$2,500 non-renewable scholarships will be awarded to two Norwayne High School graduating seniors intending to pursue any advanced degree. Funding will be given \$2,500 per semester/quarter and is preferred to be used towards tuition and fees, but not limited to.
 - One (1) \$5,000 non-renewable scholarship will be awarded to a Norwayne High School graduating senior that attended all four years at Norwayne High School, with a preference given to lifetime residents of the Norwayne Local School System. Funding will be given \$2,500 per semester/quarter and is preferred to be used towards tuition and fees, but not limited to.
 - One (1) \$10,000 yearly-renewable scholarship will be awarded to a Norwayne High School graduating senior intending to pursue a four-year degree on a full time basis. Funding will be given \$5,000 per semester/quarter and is preferred to be used towards tuition and fees.

Recipients must meet the following requirements in order to be eligible for renewal:

- Enrolled as a full time student (12 credit hours or more).
 - Maintain a cumulative GPA of 3.00
 - His/her official transcript
 - Complete and sign the "Merckle Family Scholarship Fund Processing/Renewal Form" by June 15th.
 - Failure to comply with any of these requirements will result in immediate termination of the scholarship and remaining fund will be given to donor's charity of choice.
4. The applicant must be enrolled in an accredited program.
 5. The recipient must use the scholarship no later than one year after it is awarded.
 6. Disbursement of the funds will be sent directly to the school of choice.
 7. The final selection of the recipient will be made by a committee of the following persons: The Norwayne Local Superintendent of Schools, the Norwayne Principal, the Norwayne Guidance Department, and one or more members of the Merckle family.
 8. An Applicant can only be awarded one of these scholarships.
 9. The scholarships will be awarded at the graduation ceremony. These scholarships may be awarded to an applicant that has received another NHS based scholarship.
 10. The Merckle Family Scholarship Fund reserves the right to adjust the quantity and amount of scholarships on an annual basis.
 11. Deadline for the applications is April 30th.

Date _____

I Applicant Information

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Parent's Name _____ Occupation _____

Parent's Name _____ Occupation _____

Number of siblings or other relatives living at home that are at least partially supported by your parents _____

Number of siblings currently enrolled in higher education _____

Will you become a first generation college student? _____

Where did you go to grade school? _____

How many years have you attended Norwayne Local Schools? _____

II Scholastics

What is your G.P.A. by year? 9th _____ 10th _____ 11th _____ 12th _____

What is your class ranking this year? _____

ACT composite score _____

III Extra Curricular Activities

What activities have you been involved with at Norwayne, including any offices held or honors received?

1. _____

2. _____

3. _____

4. _____

5. _____

What activities have you been involved in outside of school, including any offices held or honors received?

1. _____

2. _____

3. _____

4. _____

5. _____

IV Finance

What have you done to earn money for your continuing education?

How much have you saved? _____

Have you received any other financial aid or scholarship? _____

If yes, how much and from who? _____

V Goals (Applicant shall answer the following questions in their own words, using 100 words or less per question)

A. Which school(s) have you applied to, and why have you selected them? _____

B. What is your choice of study? _____

C. Why have you decided this? _____

D. What does a college education mean to you? _____

E. Why do you think you should receive this scholarship? _____

If I receive this scholarship, I agree to provide my college transcripts after my first year of school to the selection committee with a note as to how things are going.

Please include a completed FAFSA (Federal Student Aid) worksheet with your application. (Please note that the information supplied here will be kept confidential. Additionally, please remove social security numbers from the FAFSA form.

I hereby certify that all information submitted on this application is true and correct to the best of my knowledge, as evidence by these signatures.

Signature of Applicant

Signature of Parent or Guardian