

Silver Fox Foundation Scholarship

In memory of Evelyn Bye Application and Instructions Checklist

Use the following check list to ensure your application packet is complete:

PART 1:

- All application sections and blanks in the application must be completed.
- Complete anticipated budget for the next year (both resources and costs) must be completed and balanced with equal totals.
- Your complete application must be signed and dated.

PART 2:

- Submit an essay explaining how your school and community service has been an influence on your development as a person. Within this essay, identify one person who has influenced you most in your attitude towards school and community service. (This essay should be double-spaced and typed with a minimum of 300 words).

PART 3:

- Attach (1) a copy of your complete and current HS transcript (front and reverse) through the fall semester and any other additional pages, if necessary, and (2) two letters of reference by people, other than your family, who have watched your growth over the last four years. Only one can be from a teacher or school district employee.

Return the completed application packet to Christine Chorazy in the administration office, before 3 p.m. on Monday, April ,6 2020. After applications have been reviewed recipients will be announced at the annual Senior Awards Night at SHS.

**Keep this page for your records.
Submit pages 2 – 5 as your Application along with your Essay and
HS Transcripts**

Silver Fox Foundation
Scholarship Application
In memory of Evelyn Bye
(Award for School Year 2020-21)

This application is to be used by qualified applicants who are graduating in 2020 and desire to apply for the Silver Fox Foundation scholarships in memory of Evelyn Bye. Scholarship awards are available for both vocational and academic pursuits (2-year and 4-year schools of advanced training including colleges and universities). Awards will be granted only to Silverton High School graduates who will be attending **full time as an undergraduate student**, any public or private post-high school educational/ vocational institution **in the United States for the full academic year.**

Please print, type or word process (If you choose to word process then please keep this format.)

Name: _____

Permanent Mailing Address: _____
Street or P O Box

City State Zip

E-mail address: _____

Telephone number: _____ Cell phone: _____

GPA: _____ Class Rank: _____ of _____

Mailing address of School you plan to attend: _____
Name

Street or P O Box

City State Zip

Major Field of study: _____

Expected college graduation date: _____

Have you applied for admission? _____ Yes _____ No

Have you been accepted? _____ Yes _____ No

COMPLETE THE FOLLOWING:

Brothers and sisters (please include a statement of their current activities, i.e., student, living at home, college, etc.)

Home telephone number: _____

Father's name: _____

Occupation: _____

Mother's name: _____

Occupation: _____

Your work experience: _____

Your career goal(s): _____

Honors and awards: _____

Hobbies and special interests: _____

ANTICIPATED BUDGET FOR SCHOOL YEAR

Total expected resources and total expected costs must equal each other.

Expected Resources		Expected Costs
Personal savings estimate (Through May) _____		Tuition and fees _____
Summer earnings _____		Room and board _____
Planned family contribution _____		Books & supplies _____
Projected school year earnings _____		Laundry & dry cleaning _____
Scholarships/Grants already guaranteed _____		Medical premium/costs _____
Anticipated funds from loans, grants, scholarships, etc. (Provide names and amounts)		Car payments & costs. . . _____
		Transportation costs . . . _____
		Other (specify) _____
_____	_____	_____ _____
_____	_____	_____ _____
_____	_____	_____ _____

Additional funds needed _____
(Loans, grants, or scholarships)

Total Expected Resources _____ = Total Expected Costs _____

I BELIEVE ALL OF THE INFORMATION IN THIS APPLICATION AND THE ATTACHMENTS IS TRUE. I HAVE READ AND AGREE TO BE BOUND BY THE TERMS OF THE SCHOLARSHIP AND I AGREE THAT IF I DO NOT ATTEND AS A FULL TIME STUDENT AT AN ACCREDITED INSTITUTION IN THE UNITED STATES THAT I WILL RETURN THE AWARD.

SIGNED: _____ **DATE:** _____
Applicant

Admin processing notes:
 Rec'd _____ Complete: Yes or No
 If incomplete and time permits, contacted via (email - phone) _____.