

THE HOLBERT FAMILY SCHOLARSHIP

APPLICATION & INSTRUCTIONS APPLICATION DEADLINE

Friday, April 4 @ 2:00 p.m. to Missy Jones

Late applications will not be accepted

Requirements

1. Applicant **MUST** be a Graduating Senior of Miller High School
2. Applicant **MUST** be attending a 2 or 4-year college/university
3. Applicant **MUST** be of good character and demonstrate integrity in their actions.
4. Preferences will be given to candidates that meet the following criteria:
 - a. 2.5 or above cumulative GPA.
 - b. Active participant in athletics &/or other extra-curricular activities.
 - c. Involved in the community through various service or activities.
 - d. Plans to pursue a career in Education or a field of related service & helping people. Education majors will have priority consideration.
 - e. Demonstrates financial need.
5. Application must be completed and signed by Applicant
6. Please type or print clearly
7. Attach the following items to the completed application:
 - Two (2) recommendation letters.
 - **HIGH SCHOOL APPLICANTS**-must supply an official or unofficial high school transcript
 - A Biographical Statement that includes-
 - education background
 - athletic background and extracurricular background both school affiliated and outside of school
 - educational and career goals
 - financial need and any other pertinent information.
 - **Copy of OFFICIAL** acceptance letter from the college or university they plan to attend.
 - **Copy of the Applicants** 2021 FAFSA Confirmation Page OR Student Aid Report (SAR)
 - ALL INFORMATION IS COMPLETELY CONFIDENTIAL

THE APPLICATION AND REQUIRED DOUCUMENTATION MUST BE SUBMITTED BY April 4, 2025. FAILURE TO COMPLETE THE FORM AND/OR PROVIDE THE REQUESTED INFORMATION WILL CAUSE THE APPLICATION TO BE REJECTED!

Send application to:

Missy Jones

Drop off all document paperclipped or in an envelope to Missy at Miller High School OR
Download, Print, Save, and Scan in all documents and email to missy.jones@southernlocal.org

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GENERAL INFORMATION:

1. Applicants Name: _____
2. Social Security Number: _____
3. Address _____
City _____ State _____ Zip Code _____
4. Date of Birth _____ Age: _____
5. Phone Number: _____
6. Email address (that is active and checked) _____

FAMILY INFORMATION:

1. Father/Parent 1. Name _____
2. Father/Parent 1. Employer _____
3. Mother/Parent 2. Name _____
4. Mother/Parent 2. Employer _____
5. Parents Marital Status
____ Married/Remarried ____ Separated ____ Divorced
____ Mother Living, Father Deceased
____ Father Living, Mother Deceased
____ Both Parents Deceased

6. Names and ages of all persons living in Applicants home:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Students Marital Status:

_____ Single _____ Separated _____ Married _____ Widowed _____ Divorced

8. Names of brothers or sisters currently enrolled in college:

Name	College/University Attending
_____	_____
_____	_____
_____	_____

ACADEMIC INFORMATION

- High School Cumulative GPA: _____
- High School Class Rank: _____ in a class of _____
- ACT Composite Score _____
- College/University you plan to attend: _____
- Will you be enrolled as a fulltime student this Fall ___ Yes ___ No
- Will you be living _____ on campus _____ off campus _____ w/ parents
- College/University Financial Aid Office Address: _____

- Student I.D. Number (If known) _____

Student Financial Section

1. List any financial aid or scholarships you have been awarded for the 2018/2019 academic year and their amounts (include: scholarships, grants, stipends, college work study, Ohio College Opportunity Grant, student loans, parent loans, etc.)

Total from item five (5) _____

2. Will you be applying for any other financial aid? _____ Yes _____ No
3. If yes, list other scholarships and financial aid you have or will be applying for?

4. Do you have a part time job? _____ Yes _____ No
- a. If so, where _____
- b. If not do you plan on summer employment? _____ Yes _____ No

5. Student/applicants cash, checking or savings _____

6. Is student/applicant employed _____ Yes _____ No

7. What is your anticipated financial need for the 2021-2022 Academic Year

I certify and affirm that the statements made by me herein are true, complete, and correct to my knowledge and belief, and are made in good faith.

Date: _____

Applicants Signature _____

Parent or Guardian's Signature (if not 18 years old) _____

If your plans change and you decide to attend a different college other than the one you indicated on this application, please notify the committee immediately. It is YOUR REPSONSIBLITY TO NOTIFY THE COMMITTEE OF ANY CHANGES.