OTHS FACULTY AND STAFF SCHOLARSHIP

This $500 scholarship is funded through the voluntary contributions given by the faculty and staff of OTHS. Selection is based on GPA, classroom performance, and extra-curricular performance. Three scholarships are being awarded.

SECTION 1 – PERSONAL AND ACADEMIC INFORMATION

Name: _____

Cumulative Weighted GPA: _____

SECTION 2 – ACTIVITIES

A. List all extra-curricular high school activities and the years you participated in each. Attach a separate sheet if necessary.

Organizations/Clubs	# of years	Athletics	# of years

B. List any leadership positions held for above activities. Attach a separate sheet if necessary.

Activity	Leadership Y/N	Activity	Leadership Y/N

SECTION 3 – TEACHER EVALUATIONS

A. Please list the two teachers who will be completing the Teacher Evaluation form on your behalf. For the purpose of this application the term 'Teacher' may refer to: Classroom teacher, Club Sponsor, Coach, Guidance Counselor, Social Worker, and/or Administrator.

OTHS Teacher	OTHS Teacher

SECTION 4 – ESSAY

A. Please submit a typed, double spaced, ½ page to one page essay in answer to: ***"What is your most memorable experience at O'Fallon Township High School?"***

I understand that I will be expected to be in attendance at Honors Night to accept this scholarship if I am a recipient.

_____
Student Signature

Please return the application to the Counseling Office by **Tuesday, March 31st, 2026.**

OTHS FACULTY AND STAFF SCHOLARSHIP
TEACHER EVALUATION

STUDENT NAME: _____

EVALUATOR NAME/TITLE: _____

In what subject did you teach this student?

_____

How long have you know this student, and in what context?

_____

List the courses in which you taught this student, including the level of course difficulty (Advanced, Honors, Elective, etc.)

_____

_____

RATINGS

TEACHER EVALUATION								
	No Basis	**Below Average**	**Average**	**Above Average**	**Well Above Average**	**Excellent (top 10%)**	**Outstanding (top 5%)**	**Top few (top 1%)**
Academic Achievement								
Intellectual Promise								
Writing								
Creativity								
Class Discussion								
Respect of Peers								
Work Habits								
Maturity								
Motivation								
Leadership								
Integrity								
Resilience								
Collaborative								
Self-confidence								
Initiative								
OVERALL								
Additional remarks for the committee to use in their consideration of the applicant:								

TEACHER SIGNATURE REQUIRED:_____

OTHS FACULTY AND STAFF SCHOLARSHIP
TEACHER EVALUATION

STUDENT NAME: _____

EVALUATOR NAME/TITLE: _____

In what subject did you teach this student?

_____

How long have you know this student, and in what context?

_____

List the courses in which you taught this student, including the level of course difficulty (Advanced, Honors, Elective, etc.)

_____

_____

RATINGS

TEACHER EVALUATION								
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Self-confidence								
Initiative								
OVERALL								
Additional remarks for the committee to use in their consideration of the applicant:								

TEACHER SIGNATURE REQUIRED:_____