

CHECKLIST

Now that you have received this application, please be very careful and accurate during its completion. Return the three (3) pages of the application to:

CHS Scholarship Committee Co-Chairperson
Tana Little
200 Pear Court
Nashville, TN 37221
Email: tanalittle9203@comcast.net

OR

CHS Scholarship Committee Co-Chairperson
Harriet Cayce Turner
3755 Faulkner Drive
Nashville, TN 37211
email: Ronald.Turner07@comcast.net

by **February 19, 2021**. Please make certain to include your documentation material. Use the following as a checklist.

1. _____ Applicant and parent or guardian should complete page 1 of the application and **sign**.
2. _____ School counselor should complete the first (1st) section of page 2 and **sign**. The applicant should complete the rest of page 2 and part of page 3.
3. _____ A copy of your grade transcript which includes your grade point average for the last seven (7) semesters **must** accompany your application. Also, a copy of your College Entrance Examination Board (CEEB), ACT or SAT **must** be included on your transcript or attached with your application and must meet College/University minimum criteria.
4. _____ Parent or guardian should complete page 3. Note that verification information is required. **A copy of parents/guardians 2019 federal tax return must be included with your application.** This information is treated confidentially and viewed only by the co-chairpersons and destroyed after applications have been reviewed and verified.
5. _____ Specific data concerning unusual circumstances is very important for the evaluation process. (Page 3 of application)
6. _____ Return completed signed application to co-chairperson by **February 19, 2021**.
7. _____ Finalist interviews will occur on Saturday, **March 27, 2021** at the Central High Alumni Building on Rains Avenue. If you are a finalist, participation is required.
8. _____ The Alumni Association luncheon will be held on Saturday, **May 8, 2021**. Scholarship Winners are **REQUIRED TO ATTEND**. The only exception would be if the winner's graduation is the same day.

KEEP THIS CHECKLIST FOR YOUR INFORMATION

NASHVILLE CENTRAL HIGH SCHOOL
SCHOLARSHIP APPLICATION
(revised 05/2020)

Student # _____
(Committee Use Only)

BACKGROUND INFORMATION (to be completed by parent/guardian and applicant)

Applicant: _____
Last First Middle

Address: _____
Street City State Zip

Mobile Phone #: _____ Alternate Phone #: _____ E-mail: _____

Name of High School: _____

High School Mailing Address: _____

Senior Counselor: _____
Name Phone

Parent(s) Names: _____

Parent(s) Phone #s: _____ Parent(s) E-mail: _____

Sponsor: _____
Name Year Graduated or Attended

Relationship to Sponsor _____

THE UNDERSIGNED AFFIRMS THAT THE INFORMATION PROVIDED HEREIN THIS SCHOLARSHIP APPLICATION IS TRUE AND ACCURATE AND AGREES TO THE FOLLOWING:

- (1) Upon being selected as a finalist, **you must participate** in an interview conducted by selected members of the Scholarship Committee. You will be notified by registered, return receipt mail of the time and place.
- (2) **All scholarship monies will be paid directly to the college/university following receipt of invoice for Tuition Fees only. Payment will be processed after semester invoice is officially submitted by the college/university or official copy submitted by the scholarship recipient from same.**
- (3) **All scholarship monies must be used within 2 years of the award. All funds remaining after 2 years will return to the scholarship fund.**
- (4) **Students who have or become recipients of a full scholarship become ineligible for this scholarship, or the balance in their fund.**
- (5) All applications and supporting documents become the property of the Central High Alumni Association Scholarship Committee.
- (6) Scholarship recipients **ARE REQUIRED TO ATTEND** our annual alumni luncheon held in May of each year. They will be recognized during the luncheon program. Scholarship recipients may bring guests. **Guests are required to purchase their meals.**

Applicant Signature

Date

Parent/Guardian Signature

Date

Student # _____
(Committee Use Only)

COUNSELOR TO COMPLETE

Unweighted GPA _____ (if your school uses a 5.0 or numerical system, please have your counselor refigure using a 4.0 base). A copy of your grade transcript which includes your grade point average for the last 7 semesters *must* accompany this application. Upon graduation this student will receive a _____
Type of Diploma

School Counselor Signature _____ Date _____

ACADEMIC DATA (to be completed by applicant)

ACT Score _____ or SAT Score _____
(Composite) (Composite)

A copy of your College Entrance Examination Board (CEEB), ACT, or SAT must accompany your application. Scores must meet College/University criteria.

Academic/Athletic Honors, and/or Awards. (to be completed by applicant)

- (1) _____ (6) _____
- (2) _____ (7) _____
- (3) _____ (8) _____
- (4) _____ (9) _____
- (5) _____ (10) _____

Academic Organizations, Athletic, Music, Band, Arts, (indicate member or officer and years of membership).

<u>Organizations</u>	<u>Member/Officer</u>	<u>Years</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____
(7) _____	_____	_____
(8) _____	_____	_____
(9) _____	_____	_____
(10) _____	_____	_____

To what colleges have you made application, and what have been their response regarding acceptance (i.e. accepted, rejected, pending)? Use back of page if more space needed.

<u>College/University</u>	<u>Disposition</u>
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____

ESSAY

Submit an essay describing what you hope to accomplish after receiving your college degree. It should be a minimum of 150 words and a maximum of 250 words. Attach the essay to the application.

FINANCIAL DATA (to be completed by parent or guardian)

Adjusted Gross Income from last year's federal tax return

Adjusted Gross \$ _____

Number of Dependent Children _____

Number of Dependents (other than applicant) Attending College _____

Additional data or unusual circumstances, which effect financial need. Please be specific.

Does the applicant have any additional source of income such as income from non-custodial parent?

Yes _____ No _____ If yes, identify source(s) and amount(s).

NOTE:

Verification of your adjusted gross income (2019) tax return is required. The scholarship co-chairperson is the only member of the committee who has access to this information. It is used only by the co-chairperson for the reason stated and is destroyed after verification is complete.