

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 Chairperson
Tana Little
200 Pear Court
Nashville, TN 37221
Email: tanalittle9203@comcast.net

by **February 19, 2022**. 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 2020 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, 2022**.
7. _____ Finalist interviews will occur on Saturday, **March 19, 2022** 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 7, 2022**. 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 0805//2021)

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 scholarship.**
- (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

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). **Please do not use acronyms.**

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

Academic Organizations, Athletic, Music, Band, Arts, (indicate member or officer and years of membership). **Do not use acronyms. Provide the organization's complete name.**

<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. See note below.

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? See note below.

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

NOTE:

Verification of your adjusted gross income (2020) tax return is required. The scholarship chairperson is the only member of the committee who has access to this information. It is used only by the chairperson for the reason stated and is shredded after verification is complete.