

## The Glennis O. Sampson Memorial Scholarship

*A scholarship recognizing students with exceptional individual academic and life achievements while overcoming challenges and difficulties.*

**Purpose:** The Glennis O. Sampson Memorial Scholarship is an academic scholarship given to graduating seniors in the Washington County School District based on merit and need. Students considered for these scholarships will be those displaying commitment to further academic schooling, while overcoming difficulties or a lack of focus in their lives.

**Eligibility:** Senior students from any high school in the Washington County School District may apply for these scholarships. The focus of the selection process will include overall scholastic improvement, as well as obstacles or hardships overcome in the student’s pursuit of his or her education.

Those students receiving the Glennis O. Sampson Memorial Scholarship may attend any college and must demonstrate scholastic ability during the first semester before a payment is released to the college for the second semester.

**Please note: This scholarship will be revoked one calendar-year from the award date if it remains unused. Arrangements to defer this scholarship must be made within the calendar year.**

- Submit:**
- \* Student Application Section – To be completed by the student.
  - \* Adult Nomination Section – To be completed by an adult who knows the student well (teacher, counselor, employer, etc.) but is not a relative. Nominations will be verified.
  - \* Brief essay explaining your motivation for attending a post high school program (minimum of one page, double spaced).
  - \* Official transcript.
  - \* Three letters of recommendation.

**Deadline:** **LAST FRIDAY IN MARCH**

**Return to:** School Counselor

Student Applicant: _____ Address: _____ City, State & Zip: _____ Home Phone: _____ Social Security Number: _____ School: _____ On Course to Graduate? Yes No	Adult Nominee: _____ Address: _____ City, State & Zip: _____ Home Phone: _____ School/Business: _____ Business Phone: _____
Student Applicant	Adult Applicant

**STUDENT APPLICATION**  
**(Filled out by Student)**  
**--Type or Print Clearly in Ink--**

1. I am eligible for the Glennis O. Sampson Scholarship based on the following information:

2. Difficulties I have overcome to be eligible for this scholarship:

3. My personal goals are:

4. I plan to attend (college, university) and use this scholarship as follows:

\_\_\_\_\_

(college, university)

\_\_\_\_\_

(Date enrollment)

5. My success or achievements:

(Incomplete applications will not be considered)

Note: Responses should be confined to the space provided. Scholarship approval is based on the information provided in the above application. Any changes in the above information will require a request in writing to the scholarship committee to consider the scholarship award.