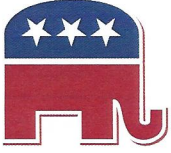


Walker County Republican Party



Matt Williamson, Chairman
John Carpenter, First Vice Chairman
Cathie Kelley, Second Vice Chairman
Jim Powell, Treasurer
Nancy Burton, Secretary

P.O. Box 145
Flintstone, Georgia 30725
423.364.5682
GOPWalkerSecretary@gmail.com

September 15, 2015

Dear Scholarship Applicant:

Thank you for your interest in our "Good Citizen" scholarship program. As an organization, we are interested in promoting high educational standards and good citizenship practices through grassroots involvement in local, state and national government. Your interest is evidence of high educational standards and we applaud that commitment. Likewise, we encourage participation in our local community/civic activities as you move toward becoming an involved voting citizen.

The application package that you requested is attached. Please read and follow the directions very carefully, being sure to include all required documentation. Please note that an official signed transcript and two separate reference forms are required and must be submitted in separate sealed envelopes. Additionally, an acceptance letter from the college/technical school that you plan to attend must be included in your application package. Incomplete or illegible application will not be considered. All complete applications must be returned by Friday, March 25, 2016 at 5 p.m.

Please send your application package to:

Walker County GOP Scholarship Committee
P.O. Box 145
Flintstone, GA 30725

Application will be reviewed by the Scholarship Committee and all applicants will be notified of the results by mail in the month of May.

We appreciate your interest in our Scholarship program and wish you the very best of luck as you pursue your educational goals.

Best Regards,

Dawn Merritt
Chairman
Scholarship Committee

Attachments



GOOD CITIZEN SCHOLARSHIP APPLICATION
Sponsored by Walker County Republican Party
14th District
State of Georgia

1. DEADLINE for the GOP scholarship application is Friday, March 25, 2016, 5:00 p.m.
2. Refer to criteria sheet for eligibility requirements.
3. Refer to page three (3) of this application for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.). Incomplete applications will be returned to you.
4. All transcripts and reference forms must be submitted in sealed envelopes.
5. If any question does not apply to you in this application please put N/A in the space.
6. Type or print legibly. Illegible applications will not be accepted.
7. You will be notified by mail in **May** regarding the status of your application.

Print Full Name: _____ Nickname: _____

Application 2015/16

Please type or print your answers. If the application is illegible it will not be accepted.			
1.	Last Name: _____	First Name: _____	
2.	Mailing Address:: Street: _____ City: _____ State: _____ ZIP: _____		
3.	Daytime Telephone Number: () _____		
4.	Date of Birth: Month Day Year		
5.	In the Fall of 2016, I will be a: (Circle one) College Freshman Technical School Student Other: _____		
6.	I will be attending the following school in the <u>Fall of 2016</u> : _____ Proof of acceptance or current student enrollment from the above school is required . See page 4.		
7.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.		
8.	ACT Score: _____ Or SAT Score: _____ A copy of your ACT or SAT score sheet is required.		

9.	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____ Work Phone of parents or legal guardians: _____	
10.	Name and city of high school attended: _____	Anticipated graduation Date: _____
11.	What field will be your major as you continue your education? _____	
12.	What are your educational and professional goals and objectives? (You can attach your resume and/or personal statement if it has this information.) _____	

13.	List your academic honors, awards and membership activities while in high school. (You can attach your resume if it has this information.) _____
-----	--------------------------------------------------------------------------------------------------------------------------------------------------

- | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14. | List your community service activities, hobbies, outside interests, and extracurricular activities. (You can attach your resume if it has this information.) |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

- | | |
|-----|--------------------------------------------------------------------------------------|
| 15. | Please tell why you love this country and how you will contribute to its well-being. |
|-----|--------------------------------------------------------------------------------------|

- | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 16. | <p>A. The following items must be attached to this application in order for the application to qualify for review by the scholarship committee.</p> <p>B. Your application will not be accepted if these items are not attached to this application. (No exceptions.)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p> | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

	YES	NO	Two reference forms. Return these completed forms in a sealed envelope from your teachers or professors. Two reference forms are included in this application packet.
	YES	NO	Proof of college/school acceptance or current student enrollment. A letter of acceptance is required if you will be a beginning freshman or tech school student.
	YES	NO	Most recent <u>official</u> high school transcript. Photocopies and/or unofficial versions of your transcript are <u>not acceptable</u> . Transcripts must be submitted in sealed envelopes to be considered.
	YES	NO	Proof of ACT or SAT scores.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the GOP's scholarship program.

Signature of scholarship applicant: _____ Date: _____

REMEMBER

The deadline for this application to be received by the Foundation is **MARCH 25, 2016, 5:00 p.m.** **No exceptions!**

Please send completed application and attachments to:

**Good Citizen Scholarship Committee
P.O. Box145
Flintstone, GA 30725**

Original: July, 2015



Walker County GOP
P.O. Box 145
Flintstone, GA

REFERENCE FORM # 1
GOOD CITIZEN SCHOLARSHIP
Walker County Republican Party

TO THE APPLICANT:

After you have filled out the personal information below, give this form to a teacher or professor who knows you well and has taught you in an academic subject either this year or the year before. Your teacher or professor will appreciate receiving this form as soon as possible so he/she can be sure to complete it well before the **March 27, 2015 deadline** when the scholarship application is due. Your teacher or professor will return this completed reference form to you in a sealed & signed envelope and then you are responsible for including this reference form with your scholarship application. **Be sure to keep it in the sealed & signed envelope from your teacher or professor.**

Student Name: _____
(Last) (First) (Middle)

Applicant's Address: _____
(Number & Street) (City) (State) (ZIP)

School Attending: _____
(Official Name of School)

School Phone Number: (_____) _____

School Address: _____
Street Address) (City) (State) (ZIP)

TO THE TEACHER OR PROFESSOR:

We recognize the demands on your time, and we appreciate the efforts you expend on behalf of your students who apply for college scholarships. We consider the teacher's/professor's reference extremely important in evaluating scholarship applicants. The task of our scholarship selection committee is to distinguish the very best candidates (using a variety of criteria) from among many well qualified students. If a candidate has exceptional qualities or unique characteristics, they should be noted. **PLEASE return this reference form to this student in a sealed & signed envelope.** This reference form is part of the application criteria the student is required to return with the scholarship application. Thank you.

How long have you known the applicant? _____

Subject(s) you have taught the applicant and grade(s) earned:

Reference Form #1**Page 2**

Student's Name: _____
Print or type full name of student

The following is a checklist that will provide a convenient method to evaluate the applicant. Please evaluate this applicant in comparison to other students you have taught. Please skip any category that does not apply.

Criteria	Fair	Average	Above Average	Very Good (Top 10%)	Outstanding (Top 5%)
Academic achievement					
Initiative/motivation					
Intellectual curiosity					
Oral communication					
Written communication					
Creativity					
Energy					
Self-confidence					
Leadership/influence					
Responsibility					
Integrity					
Concern for others					
Respect for differences					
Warmth of personality					
Sense of humor					
Emotional maturity					
Reaction to setbacks					
Respect accorded by faculty					
Respect accorded by peers					
Extra-curricular involvement					
Overall recommendation					

Other comments about the applicant you would like to mention: (If you need more room please use an additional sheet.)

Teacher's/Professor's Name: _____ Phone Number: _____
Print or type full name

Signature of teacher/professor: _____ Date: _____

PLEASE return this reference form to the student in a sealed & signed envelope. This reference form is part of the application criteria the student is required to return with the scholarship application.



Walker County GOP
P.O. Box 145
Flintstone, GA

REFERENCE FORM # 2
GOOD CITIZEN SCHOLARSHIP
Walker County Republican Party

TO THE APPLICANT:

After you have filled out the personal information below, give this form to a teacher or professor who knows you well and has taught you in an academic subject either this year or the year before. Your teacher or professor will appreciate receiving this form as soon as possible so he/she can be sure to complete it well before the **March 27, 2015 deadline** when the scholarship application is due. Your teacher or professor will return this completed reference form to you in a sealed & signed envelope and then you are responsible for including this reference form with your scholarship application. **Be sure to keep it in the sealed & signed envelope from your teacher or professor.**

Student Name: _____
(Last) (First) (Middle)

Applicant's Address: _____
(Number & Street) (City) (State) (ZIP)

School Attending: _____
(Official Name of School)

School Phone Number: (____) _____

School Address: _____
Street Address) (City) (State) (ZIP)

TO THE TEACHER OR PROFESSOR:

We recognize the demands on your time, and we appreciate the efforts you expend on behalf of your students who apply for college scholarships. We consider the teacher's/professor's reference extremely important in evaluating scholarship applicants. The task of our scholarship selection committee is to distinguish the very best candidates (using a variety of criteria) from among many well qualified students. If a candidate has exceptional qualities or unique characteristics, they should be noted. **PLEASE return this reference form to this student in a sealed & signed envelope.** This reference form is part of the application criteria the student is required to return with the scholarship application. Thank you.

How long have you known the applicant? _____

Subject(s) you have taught the applicant and grade(s) earned:

Reference Form #2**Page 2**

Student's Name: _____
Print or type full name of student

The following is a checklist that will provide a convenient method to evaluate the applicant. Please evaluate this applicant in comparison to other students you have taught. Please skip any category that does not apply.

Criteria	Fair	Average	Above Average	Very Good (Top 10%)	Outstanding (Top 5%)
Academic achievement					
Initiative/motivation					
Intellectual curiosity					
Oral communication					
Written communication					
Creativity					
Energy					
Self-confidence					
Leadership/influence					
Responsibility					
Integrity					
Concern for others					
Respect for differences					
Warmth of personality					
Sense of humor					
Emotional maturity					
Reaction to setbacks					
Respect accorded by faculty					
Respect accorded by peers					
Extra-curricular involvement					
Overall recommendation					

Other comments about the applicant you would like to mention: (If you need more room please use an additional sheet.)

Teacher's/Professor's Name: _____ Phone Number: _____
Print or type full name

Signature of teacher/professor: _____ Date: _____

PLEASE return this reference form to the student in a sealed & signed envelope. This reference form is part of the application criteria the student is required to return with the scholarship application.

EVALUATION SCORE SHEET

GOOD CITIZEN SCHOLARSHIP APPLICATION 2015/16 SCHOOL YEAR

Scholarship Criteria: One \$1,000 scholarship will be given to a high school senior who plans to attend and has been accepted into an accredited college or technical school and has at least a GPA of 3.0 on a 4.0 scale. The applicants may major in any field of study but preference will be given to students with the desire to serve their country in some capacity.

This scholarship applicant has been verified by Walker County Scholarship Committee and has met all criteria to qualify.

Applicant's Name: _____

Please review and evaluate the attached scholarship application. Score the applicant in the following areas for a possible score of (100).

Points:

- | | |
|--------------------------------------------------------------|---------------------------|
| 1. Academic Accomplishment | (Maximum 30 points) _____ |
| 2. Service to County Statement | (Maximum 20 Points) _____ |
| 3. Community Service & Extra Curricular Activity Involvement | (Maximum 20 points) _____ |
| 4. Reference Form Evaluation #1 | (Maximum 15 points) _____ |
| 5. Reference Form Evaluation #2 | (Maximum 15 points) _____ |

TOTAL: (Maximum 100 points) _____

After review of all scholarship applicants this applicant is ranked: _____ 1, 2, or 3 (# 1 being your choice of the recipient of this scholarship)

Reviewer Notes: