

**Al Pearson**

Deadline 4/30/2020

**Memorial Scholarship Application**

Applicants shall:

Be going into either a healthcare or teaching career.

Have at least a 3.0 GPA – not the valedictorian or salutatorian though

Be pursuing further education

Be of good moral and ethical character

Be involved in extra-curriculars activities – no limit

Fill out and fully answer all the questions on the application

Scholarship amount: \$1,000.00 (\$500.00/semester with proof of enrollment)

# AL PEARSON

## Memorial Scholarship Application

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ARE YOU EMPLOYED \_\_\_\_\_ WHERE \_\_\_\_\_

EMPLOYER CONTACT INFO (IF APPLICABLE) \_\_\_\_\_

HOURS/WEEK \_\_\_\_\_

### AWARDS/ SCHOLARSHIPS RECIEVED

Award/scholarship \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ORGANIZATIONS YOU HAVE PARTICIPATED IN:

Organization \_\_\_\_\_ years \_\_\_\_\_ level of participation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FAMILY DEMOGRAPHICS:

PARENT(S) NAME(S) \_\_\_\_\_

OCCUPATION(S) \_\_\_\_\_

SIBLINGS \_\_\_\_\_ HOW MANY \_\_\_\_\_

ARE ANY OF YOUR SIBLINGS ALSO GOING/ABOUT TO GO TO COLLEGE  
(PLEASE ELABORATE)

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YOUR EDUCATIONAL PLANS (please list what college, or other school you plan to attend)

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ANY SPECIAL CONSIDERATIONS WE NEED TO TAKE INTO CONSIDERATION  
THAT THIS APPLICATION HAS NOT LET YOU EXPRESS?

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**APPLICANT RECOMMENDATION: TO BE COMPLETED BY A HIGH SCHOOL COUNSELOR, AN INSTRUCTOR, AND SOMEONE WHO KNOWS YOU WELL.**

You have been asked to provide information in support of this applicant. Please give immediate and serious attention to the following questions. When completed, please return questionnaire to the applicant. If you prefer, photocopy this section and return to applicant in a sealed envelop with your signature across the seal. A letter of recommendation does not replace this section and is not required but if there is anything you would like to express to us that you think we might need to know when considering this applicant for the AL PEARSON MEMORIAL SCHOLARSHIP, feel free to write a letter and attach it to this questionnaire.

APPLICANT'S NAME: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT: \_\_\_\_\_

HOW DO YOU KNOW THE APPLICANT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant's choice of educational program is:

extremely appropriate       very appropriate       moderately appropriate       inappropriate

The applicant's achievements reflect his/her ability:

extremely well       very well       moderately well       not well

The applicant's ability to set realistic and attainable goals is:

excellent       good       fair       poor

The quality of the applicant's commitment to school and/or community is:  
 excellent       good       fair       poor

The applicant is able to seek, find, and use learning resources:  
 extremely well       very well       moderately well       not well

The applicant demonstrates curiosity and initiative:  
 extremely well       very well       moderately well       not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks:  
 extremely well       very well       moderately well       not well

The applicant's respect for self and others is:  
 excellent       good       fair       poor

ANY SPECIAL NOTES YOU WISH FOR US TO TAKE INTO CONSIDERATION ABOUT THIS APPLICANT

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