

John Scibak Community Service Scholarship

Administered by the South Hadley Democratic Town Committee in honor of Massachusetts State Representative John Scibak, on his retirement after sixteen years of service.

Application Qualifications

The John Scibak Community Service Scholarship, in the amount of **\$2,500**, will be awarded to a single recipient.

Based upon criteria established by Representative Scibak, any student is eligible to apply who:

- 1. Is a resident of South Hadley and a graduating high school senior of a Massachusetts high school.
- 2. Intends to pursue, during the upcoming school year, an associate or baccalaureate degree through a full-time course of study at an accredited college or university, or a degree/diploma/certificate at an accredited vocational or technical/trade school. The accreditation shall be by an accrediting body that is recognized as an appropriate higher education or post-secondary vocational school accreditor by the U.S. Department of Education.
- 3. Has exhibited good character.
- 4. Has a satisfactory scholastic record, with a grade point average of <u>3.0</u> or higher on a 4.0 scale and is in good academic standing at the time of the award.
- 5. Has not received a **full** scholarship or the equivalent in partial scholarships.
- 6. Has demonstrable community service and/or volunteer activities that were completed outside of school as an unpaid volunteer to support the mission of a charitable, civic, or community organization.
- Provides a Letter of Recommendation/Support from a Supervisor regarding the completed community service/volunteer activity.
- 8. Submits a 500- to 1000-word essay, focusing on answering the following two questions:
 - How has your community service/volunteer experience made you think differently about others or yourself?
 - How has your community service/volunteer experience influenced your plans for college or work in the future?

Application Checklist

All application materials must be postmarked on or before March 1, 2019.

Completed application, with
signatures where needed by
applicant and parent/guardian.

- ☐ One (1) typed letter of recommendation from an adult that is not a relative and who can speak to the applicant's community service/volunteer activity (limited to one page).
- ☐ A 500- to 1000-word essay, to be typed, double-spaced in 12-point font, with the applicant's name typed in the upper right hand corner of each page.
- ☐ Disbursement of Scholarship Funds Disclaimer (Signed by parent/guardian)

Please STAPLE ALL PAGES TOGETHER and DO NOT FOLD the application (please use a large envelope for mailing).

Submit your application to:

John Scibak Community Service Scholarship c/o South Hadley Democratic Town Committee P.O. Box 82 South Hadley, MA 01075

John Scibak Community Service Scholarship *Administered by the South Hadley Democratic Town Committee*

John Scibak Community Service Scholarship Administered by the South Hadley Democratic Town Committee

Name	
Page 1 of 3	(Please print legibly using blue or black ink)

Name			
Address			
City	State	Zip	Phone
Email Address			
Parent/Guardian email address			
Parent/Guardian Address (if d			
Parent/Guardian Phone			
Parent/Guardian Signature			Date
B. Academic Profile:			
High School Name			Graduation Date
Address			
City			
Grade Point Average (on a 4.0	scale)		
To which college, university,	or vocational/techni	cal/trade schoo	ol(s) have you applied?
Name			_ City/ State
Name			_ City/ State
Name			
What will be your major area	of study?		
At which school(s) have you b	. 10		

John Scibak Community Service Scholarship

Administered by the South Hadley Democratic Town Committee

Name	
Page 2 of 3	(Please print legibly using blue or black ink)

B. Academic Profile, continue	ed:	
Scholarship Awards—List any	scholarship(s) you have been awarded and the an	nount(s):
Scholarship Name/Provider		_ Amount
Scholarship Name/Provider		Amount
Awards and Recognition Recei	ived—School, church, community, other (USE T	HIS SPACE ONLY):
	r volunteer activities, and include the number of h	
C. Reference:		
Letter of Recommendation—R	Requested from:	
Name	Title/Relationship	
	Phone	
I,	RSEMENT OF SCHOLARSHIP FUNDS DISC (Parent/Guardian) (yed by the winner will be a lump sum check paid	, acknowledge and understand
_	ame):	_
The \$2,500 scholarship award w September 1, 2019, it will be for	rill be issued upon proof of enrollment. If the schefeited. No exceptions.	nolarship is not claimed by
I recognize and accept these concreceive.	ditions for the disbursement of any scholarship av	ward that my child may
Applicant Signature	Parent/Guardian Signature	Date

John Scibak Community Service Scholarship

Administered by the South Hadley Democratic Town Committee

Name	
Page 3 of 3	(Please print legibly using blue or black ink)

C. Reference, continued:

STUDENT: Please give this page to the person providing your letter of recommendation.

Reference for (student name):

Thank you for agreeing to submit a typed letter of recommendation for the student above, who is applying for the John Scibak Community Service Scholarship. This should be a one-page letter directed to the South Hadley Democratic Town Committee and should include:

- Your name, email address (if applicable), and phone number
- Relationship to applicant (not a relative)
- How long you have known the applicant
- Information regarding the scope of the applicant's community service/volunteer activity
- Information regarding why the applicant should receive the scholarship award

The completed letter should be given to the student to submit with their application.