

## LOREN SAMUELSON MEMORIAL SCHOLARSHIP

In keeping with the philosophy of the late Mr. Samuelson the Abilene Breakfast Optimist Club has established the Loren Samuelson Memorial Scholarship Fund from donations of various individuals and groups. Loren was always interested in young people. Therefore the Abilene Breakfast Optimist Club will award a \$500 scholarship to an Abilene High School senior.

This scholarship must be used during the first two semesters of college and within one year of their AHS Graduation Date. If the money is not used within this time frame, it will be awarded to an alternate.

The basis for selection is:

1. C average or better in high school;
2. Demonstrate a desire to improve intellectually through a college education;
3. Be of good moral character;
4. Be in need of financial assistance.

DO NOT WRITE IN THIS SPACE

Application received \_\_\_\_\_

Autobiographical sketch \_\_\_\_\_

Reference letters \_\_\_\_\_

Committee action \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Rank in Class \_\_\_\_\_ Grade Point Average \_\_\_\_\_

### FAMILY INFORMATION:

Name of father (or guardian) \_\_\_\_\_

Name of mother (or guardian) \_\_\_\_\_

Number of brothers \_\_\_\_\_ their ages \_\_\_\_\_

Number of sisters \_\_\_\_\_ their ages \_\_\_\_\_

Brothers and sisters now in college \_\_\_\_\_

### FUTURE PLANS:

How many years do you plan to attend college? \_\_\_\_\_

What college are you planning to attend? \_\_\_\_\_

What major course of study do you plan to follow? \_\_\_\_\_

### HEALTH:

Condition of your health \_\_\_\_\_ Do you have any physical defects that might handicap you in your college work or in taking certain jobs? (State details)

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### HONORS-AWARDS-MAJOR-ACTIVITIES:

### FINANCIAL STATUS:

Approximately how much money have you saved for your college education? \_\_\_\_\_

How much do you think you can depend on from home annually? \_\_\_\_\_

Do you plan to work part-time while attending college? \_\_\_\_\_

Do you own a car? \_\_\_\_\_ If so, what make and year? \_\_\_\_\_

Will you drive a car while attending college? \_\_\_\_\_

For what purpose? \_\_\_\_\_

What full or part-time employment have you had during high school?

### REFERENCES:

List at least three people who can testify as to your eligibility for a scholarship (based on grade average, need and character). We suggest – high school teacher or principal, businessman or former employer. DO NOT USE RELATIVES.

| Name  | Position | Address |
|-------|----------|---------|
| _____ | _____    | _____   |
| _____ | _____    | _____   |
| _____ | _____    | _____   |

You should contact the above persons and get permission to use their names. Give them a recommendation form with a stamped envelope. Have them return the recommendation form to the Guidance Office, Abilene High School, Abilene, Kansas by April 8, 2016.

Return to Guidance Office by: April 8, 2016

## LOREN SAMUELSON MEMORIAL SCHOLARSHIP

\_\_\_\_\_, 20 \_\_\_\_

Student's Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Write below a paragraph telling why you are making application for a scholarship and what you hope to do with your college education.

\_\_\_\_\_  
Student's Signature

**LOREN SAMUELSON MEMORIAL SCHOLARSHIP**

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

The above named student has applied for the **Loren Samuelson Memorial Scholarship**. In order to help us complete this application, would you rate the student on each of the following characteristics by circling the number you feel is appropriate in each category. (Remember to compare the student to other students.)

|                                       |                         |   |   |   |   |   |   |   |   |   |                                            |
|---------------------------------------|-------------------------|---|---|---|---|---|---|---|---|---|--------------------------------------------|
| <b>MOTIVATION</b>                     | Low                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | High                                       |
| <b>CITIZENSHIP</b>                    | Uncooperative           | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Cooperative,<br>Positive, Follows<br>Rules |
| <b>INITIATIVE</b>                     | Needs Prodding          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Does More Than<br>Assigned                 |
| <b>CONCERN FOR<br/>OTHERS</b>         | Little                  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Very Concerned                             |
| <b>LEADERSHIP</b>                     | Follower                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Exceptional<br>Leader                      |
| <b>RESPONSIBILITY</b>                 | Not Very<br>Responsible | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Highly<br>Responsible                      |
| <b>SOCIAL<br/>MATURITY</b>            | Immature                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Outstanding                                |
| <b>PERSONAL<br/>APPEARANCE</b>        | Poor                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Always<br>Concerned                        |
| <b>FINANCIAL NEED</b>                 | No Help Needed          | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Total Help<br>Needed                       |
| <b>ESTIMATE OF<br/>FUTURE SUCCESS</b> | Low                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | High                                       |

**Additional Remarks:**

In what capacity were you associated with this person? \_\_\_\_\_

Signature \_\_\_\_\_ Position: \_\_\_\_\_

Address \_\_\_\_\_ Date: \_\_\_\_\_

**LOREN SAMUELSON MEMORIAL SCHOLARSHIP**

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

The above named student has applied for the **Loren Samuelson Memorial Scholarship**. In order to help us complete this application, would you rate the student on each of the following characteristics by circling the number you feel is appropriate in each category. (Remember to compare the student to other students.)

|                                       |                         |   |   |   |   |   |   |   |   |   |                                            |
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| <b>CONCERN FOR<br/>OTHERS</b>         | Little                  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Very Concerned                             |
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**Additional Remarks:**

In what capacity were you associated with this person? \_\_\_\_\_

Signature \_\_\_\_\_ Position: \_\_\_\_\_

Address \_\_\_\_\_ Date: \_\_\_\_\_

**LOREN SAMUELSON MEMORIAL SCHOLARSHIP**

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

The above named student has applied for the **Loren Samuelson Memorial Scholarship**. In order to help us complete this application, would you rate the student on each of the following characteristics by circling the number you feel is appropriate in each category. (Remember to compare the student to other students.)

|                                       |                         |   |   |   |   |   |   |   |   |   |                                            |
|---------------------------------------|-------------------------|---|---|---|---|---|---|---|---|---|--------------------------------------------|
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**Additional Remarks:**

In what capacity were you associated with this person? \_\_\_\_\_

Signature \_\_\_\_\_ Position: \_\_\_\_\_

Address \_\_\_\_\_ Date: \_\_\_\_\_