

The Cotter Warrior Foundation Scholarship Application

Reeves Memorial Scholarship Application Sam Roth Memorial Scholarship Application Judy Nazarenko Memorial Scholarship Foundation Scholarships

OVERVIEW

Thank you for applying for the scholarships administered by the Cotter Warrior Foundation. **This one application packet will make you eligible for all of the above scholarships.** All applicants will receive equal consideration. The recipient of each scholarship will receive a check made payable directly to the college or vocational school of his or her choice located within the United States. The total value will be distributed in two increments for the student's first and second semesters. Each scholarship is available to Cotter High School graduates of the Class of 2024 and is nonrenewable.

SELECTED CRITERIA

Application shall be ranked based on:

- Academic Achievement
- Character
- Completed Scholarship Application

Academic achievement will be measured by high school grade point average from current official transcript and ACT or Compass scores.

Character will be demonstrated by completed signed application, providing information about yourself and your need for this scholarship. Character will also be determined by the two signed letters of reference addressing your character from persons other than family members or directors of the Cotter Warrior Foundation.

Minimum standards:

- a high school grade point average of 2.5 and an ACT composite score of 20 or a COMPASS score appropriate for the applicant's chosen field of study

The Cotter Warrior Foundation will evaluate each applicant based primarily upon the criteria set forth. The Cotter Warrior Foundation will make the ultimate selection of recipients and the amount of such scholarships in its sole and absolute discretion.

THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE COMPLETED APPLICATION:

- Current official high school transcript and ACT or SAT scores. (no photocopies will be accepted)
- Completed **Signed** application
- **Two** signed character reference letters from persons other than family members or directors of the CWF

The deadline is April 1st. If the deadline falls on a weekend or postal holiday, it will be extended to the next business day. **The application packet must be postmarked by APRIL 1.**

Late or incomplete information will not be considered.

Please send completed and signed application along with other required information to the following address:

Cotter Warrior Foundation
Scholarship Application
P.O. Box 362
Gassville, Arkansas 72635

Write “ATTN: “Linda Roth” on the outside of the envelope. Names will be blacked out to ensure fairness and to eliminate bias. Scholarship recipients will be chosen according to the students’ merit by the members of the CWF or the administrators of a memorial scholarship.

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Application Scholarships are for graduating seniors of Cotter High School, Cotter, Arkansas.

STUDENT INFORMATION

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____ (We know this may change. If that happens, you need to update your new email address so that CWF can contact you for further information. Do so asap after the change by sending it to swilsonwilhite@gmail.com.)

Name of parent/guardian: _____

Expected College/Vocational School (if known):

Future School Address for Financial Aid Office:

Major _____ Expected date of graduation: _____

List the extracurricular activities in which you have participated. Indicate offices held.

List your hobbies.

List work experiences you have had.

What steps have you taken to prepare for college? Include advanced classes taken, if any.

What is your chosen career path?

What steps have you taken to prepare for this career path? Be specific.

What motivated you to follow this career path?

Why do you feel you deserve this scholarship?

One word to describe yourself? _____

Realistically, what do you see yourself doing in 10 years?

Please write a paragraph specifically describing a time you helped someone less fortunate than yourself.

By my signature on this application, I verify that the information in this scholarship application is accurate and is a fair representation of my plans and situation. I agree to utilize any scholarship funds awarded me for educational purposes.

Applicant's signature: _____ Date: _____