## ELOISE AND THOMAS BURDELL MEMORIAL SCHOLARSHIP FUND

The Eloise and Thomas Burdell Memorial scholarship Fund will award a four hundred dollar (\$400) scholarship to a graduating Adams County senior.

Accepting applications for candidates for this scholarship will be the responsibility of each of the local schools, namely:
Manchester High School, North Adams High School, Peebles High School, West Union High School, Ohio Valley Career and Technical Center, and the Adams County Christian School.

## **GUIDELINES FOR APPLICANTS:**

- 1. A student receiving other scholarships will be eligible to apply.
- 2. Each student planning to go to college should apply by completing a written application provided through the school by the Eloise and Thomas Burdell Memorial Scholarship Fund. Check with the guidance counselor in your building.
- 3. The Chairperson of the Scholarship Committee of the Eloise and Thomas Burdeli Memorial Scholarship Fund must receive applications by the last Friday in April.
- 4. Final selection will be based on student's grades, rank in class, and written answers to questions posed on the application.

## PRESENTATION OF SCHOLARSHIP

- 1. A certificate will be presented to the student selected to receive the scholarship at Commencement.
- 2. A check will be presented to the student's college after matriculation into the school upon notification by the student.

## ELOISE AND THOMAS BURDELL MEMORIAL SCHOLARSHIP APPLICATION

NAME OF		
APPLICANT	PHONE	
	· · · · · · · · · · · · · · · · · · ·	
ADDRESS		
STREET/BOX NO.	TOWN	ZIP CODE
NAME OF SCHOOL		
RANK IN CLASS (UPPER,MIDDLE, LOWER THIRD)		
WHAT ARE YOUR COLLEGE PLA	NS?	
HAVE VOLLDEEN A COEDEEDO		
HAVE YOU BEEN ACCEPTED? WHAT IS YOUR FIELD OF INTEREST?		
• ON A SEPARATE SHEET OF PAPER		DADLI EVDI ATNINIC
WHY YOU CHOSE THIS AREA.	WIGILATAKAG	MATTEATLAINING
ON A SEPARATE SHEET OF PAPER.	TELL WHY YOU	WOULD LIKE TO
RECEIVE THE \$400.00 SCHOLARSHIP.		
SIGNED		
APPLICANT SIGNATURE		
TO BE SIGNED BY PARENT: IF	R	ECEIVES THE
SCHOLARSHIP, I'WE WILL GIVE N	1Y/OUR ENCOU	JRAGEMENT FOR
HIM/HER TO COMPLETE THE CO	LLEGE REQUIR	EMENT IN THE
FIELD CHOSEN.		
PARENT OR PAI	RENTS SIGNATI	JRE
COUNSELOR SIGNATURE		
*A SCHOOL TRANSCRIPT MUST	BE ATTACHED	TO THIS
APPLICATION.		
Return application to: Carol Motza, 748 Sininger Rd., Winchester, Oh. 45697		
by the last Friday in April.	<b>5.</b>	