

The Howard Corcoran Memorial Scholarship was established to honor and recognize the late Mr. Corcoran's dedication and accomplishments on behalf of the youth of the Ohio Valley, as well as his many contributions to the betterment of the Ohio Valley and its residents.

The scholarship is open to the students of OVAC schools located in West Virginia and will be awarded to students who meet the requirements and demonstrate the same civic pride and community spirit that were so much a testament of Mr. Corcoran's life.

Eligibility Requirements:

- Student must attend an OVAC school located in West Virginia, but athletic involvement is not required
- Student must have a minimum cumulative GPA of 2.5 at the time of application
- Student must plan to enroll in a two-year or four-year college/university following graduation
- Student must demonstrate a significant contribution to his or her community through volunteering or other types of community service***

Deadline to apply is March 1, 2019 – applications may be returned or mailed to (postmarked by March 1)
COMMUNITY FOUNDATION FOR THE OHIO VALLEY
1310 Market Street, Wheeling, WV 26003

STUDENT INFORMATION

Name: _____

Address: _____

What county do you live in? _____ US Resident? yes no

Phone: _____ Date of Birth: _____

Email: _____

ACADEMIC INFORMATION

Name of High School: _____

Guidance Counselor: _____ Phone: _____

Address: _____

Cumulative GPA: _____

Name of College/University you plan to attend: _____

Have you been accepted? Yes No Will you be full-time? Yes No

Which major do you plan to pursue? _____

Activities Form

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. **DO NOT INCLUDE ATTACHMENTS.**

Extracurricular Activities	Year				Position Held
	Fr	So	Jr	Sr	
Community/Volunteer Activities	Year				Position Held
	Fr	So	Jr	Sr	
Awards and Honors	Year				Comments
	Fr	So	Jr	Sr	
Work Experience	Dates of Employment				Position Held

Letter of Recommendation

Signed and sealed letter must accompany this application.

Name: _____

Relationship: _____

When selecting someone to complete your recommendation, select someone who will be thorough in the review of your character. Select someone who knows you (and your family) well and will be able to give a candid and unbiased evaluation. Your recommendation must be completed by someone other than your parents, immediate family or school counselors. In the past, ministers, coaches, employers, supervisors, neighbors, teachers, or a friend of the family has written recommendations.

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving of the scholarship.

Personal Essay

Please take the time to prepare a well-developed, well-written, grammatically correct personal essay. The essay is to be limited to one typed page. Spelling and grammar do matter!

This is your opportunity for the Selection Committee to get to know you as an individual.

This scholarship recognizes community service and involvement. Please use this opportunity to describe your experiences with service and why you have made service part of your high school experience.

The objective is to give you a chance to tell us about another dimension of you not previously revealed. There is no "correct" way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information during the evaluation process.

I, the student, completed this application and certify that all information contained within is correct and true to the best of my knowledge.

Signature _____ Date _____

Letter of Recommendation Form

Application Deadline: March 1, 2019

To Evaluator: The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form to the student in a sealed envelope with your signature across the seal. In the space provided below, please make a statement describing the applicant's character, school, and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses, not to exceed one page in length. If you are using your letterhead, be sure to include this form in addition to your recommendation.

This scholarship places an emphasis on service and dedication to the community. Your familiarity with the applicant's service record, motivation to serve and personal attributes will be helpful to the selection committee.

I am writing this evaluation on the behalf of _____

Evaluator's Name: _____

Telephone Number: (_____) _____ - _____

Relationship to applicant: _____

How long have you known the applicant? _____

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.

Academic Certification Form – Read Carefully!

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

High School Applicants

Submit this form to your counselor for completion, be sure the reported information includes the first semester.

Student's Name: _____

School: _____

Current Class Rank: _____

Current Cumulative GPA: _____

SAT Scores (single test date)

Date of Test: _____

Verbal: _____

Math: _____

Combined: _____

ACT Scores (single test date)

Date of Test: _____

English: _____

Math: _____

Reading: _____

Science: _____

Composite: _____

Person completing this form: _____

Title: _____

Signature: _____ Date: _____