

## John H. & Dorothy M. Zmavec Scholarship

Established by Dorothy Zmavec, the John H. and Dorothy M. Zmavec Scholarship is intended to benefit students seeking a degree in Primary or Secondary Education. The scholarship will be awarded to one male and one female student - based first on financial need, second on grades and third on extracurricular activities. Award varies.

### Application Checklist

Application Deadline: March 1, 2019

**Application Guidelines** – Carefully read this page to ensure your application is complete.  
***Please complete the application as presented. Do not include materials that are not requested.***

#### Eligibility Requirements:

- Must be a resident of Brooke, Ohio, Marshall, Wetzel or Tyler counties in West Virginia, or Belmont or Jefferson counties in Ohio
- Plan to study education (primary or secondary)
- Exhibit financial need
- Minimum cumulative GPA of 2.5
- Involvement in extracurricular activities

#### Checklist:

- Activities Form** – Please use the included form to provide information on Extracurricular Activities, Awards and Honors, Community and Volunteer Activities, and Work Experience. ***Do not attach resumes or other similar documents.***
- Financial Form** – Please include requested documentation.
- Letter of Recommendation** – Ask evaluator to complete form and return to you in a sealed envelope with evaluator's signature. Include the recommendation with all other application materials. ***Parents, immediate family members or school counselors are NOT eligible to write the letter of recommendation.***
- Academic Certification Form** – Have appropriate school official complete form and return it with other application materials.
- Personal Essay** – Please attach a personal essay.

#### Return completed application to:

CFOV

1310 Market Street

Wheeling, WV 26003

***(\*mailed applications must be postmarked by March 1\*)***

# Application: John H. & Dorothy M. Zmavec Scholarship

## PERSONAL INFORMATION

Name: \_\_\_\_\_

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

Street or PO Box

City

State

Zip

What county do you live in? \_\_\_\_\_ U.S. Resident?  Yes  No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_-\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

## ACADEMIC INFORMATION

Name of high school: \_\_\_\_\_

Name of school counselor: \_\_\_\_\_

High School Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

## UNIVERSITY INFORMATION

Name of college/university in which you plan to enroll:

\_\_\_\_\_

**Name**

**City**

**State**

Have you been accepted?  Yes  No

Will you be full-time (12 or more credit hours) this fall?  Yes  No

Anticipated major or area of study: \_\_\_\_\_

***\*This scholarship is for the benefit of students planning to pursue primary or secondary education***

Do you plan to live:  on campus  off campus  commute  unknown

If a West Virginia resident, do you meet the eligibility criteria for the WV Promise Scholarship?

Yes  No

# 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

# Recommendation Letter

*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 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.***

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving of the scholarship, being mindful of the intention of this scholarship (***those planning to pursue primary or secondary education***).

## Personal Essay

**On a separate sheet of paper**, please take the time to prepare a well-developed, well-written, grammatically correct personal essay. The essay should be no more than two typed pages.

***Remember, this scholarship is intended to benefit students entering his/her first year of college planning to pursue primary/secondary education. Consider writing an essay that speaks to your interests and/or goals.***

In general, 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 and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant's character, school, and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses should not exceed one page.

***Remember, this scholarship is for the benefit of a student entering his/her first year of college planning to pursue primary/secondary education. Your letter should demonstrate your understanding of this scholarship's intention and how the applicant reflects those intentions.***

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.

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# Financial Form

This scholarship is intended to benefit a student who has demonstrated financial need. In order to assist the selection committee in honoring the donor’s wishes, please attach the following to your application:

**Documentation:**

Please include the page of the FAFSA Student Aid Report that provides your Expected Family Contribution (EFC). This is the ONLY page you need. Please do not include the full Student Aid Report or copies of tax returns.

If you wish, you may include a supplementary statement explaining circumstances that may impact financial need that are not apparent from the above financial information. For example, contributions expected/not expected from a non-custodial parent, educational expenses of siblings, medical expenses, etc.

**Certification:**

I (we) certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of the Community Foundation for the Ohio Valley, Inc. I (we) agree to give documentation for the information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving aid.

Applicant Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

# Academic Certification Form

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: \_\_\_\_\_