

Bin
#28

SCHOLARSHIP

TITLE: Billie B. Little Scholarship

DATE DUE in Counselors' Office: March 07, 2022

REQUIREMENTS:

- **Must be a student residing in Boyd or Greenup counties.**
- **Students must have a minimum GPA of 3.5 and an ACT score of at least 28 and plan to pursue a health care profession.**

AWARD: not stated at this time

**BILLIE B. LITTLE
SCHOLARSHIP**

**Application states deadline is
March 11. However, in order to finish
processing, the following needs
to be turned into the
Counselors' Office
by:**

MARCH 07, 2022

- 1. Completed application**
- 2. Applicant Appraisal**
- 3. Essay**
- 4. \$1.00 for a transcript**

Foundation for the Tri-State Community, Inc.
Billie B. Little Scholarship
2022

The Billie B. Little Scholarship is designed to assist academically qualified students residing in Boyd or Greenup counties. Students must have a minimum GPA of 3.5 and an ACT score of at least 28 and plan to pursue a health care profession.

STUDENTS: We consider it your responsibility to see that this information is complete in every detail and either delivered to the Foundation office or postmarked on or before **March 11, 2022**. Mail applications to the Foundation for the Tri-State Community, Inc. P.O. Box 2096 Ashland, KY 41105 OR for hand-deliveries bring to 855 Central Avenue, Suite 300 Ashland, KY 41101. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. Do not repeat information already reported on the application form. If you need assistance, see your guidance counselor.

The following materials are required. Please place in the following order:

1. **Application Form:** Please complete all pages, filling in all blanks.
2. **Applicant Appraisal:** The applicant appraisal is **required** and must be completed in the format provided. If incomplete, your application will not be evaluated. This section is to be completed by a high school counselor or advisor, an instructor or a work supervisor who knows you well.
3. **Essay:** Please write a 500-word essay about how your chosen profession will make a difference in your community.
4. **Transcript of Grades:** Remind your counselor that a transcript must accompany this application. The ACT and/or SAT score should be shown on the transcript.

*Please **DO NOT** use two-sided printing to print the application **OR TRANSCRIPTS**.

*Paperclip the form and attachments; **DO NOT** staple.

APPLICANT DATA

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Email Address _____ Telephone _____

High School Currently Attending _____

PARENT OR GUARDIAN DATA

Last Name _____ First Name _____ Middle Initial _____

Relationship to Applicant _____ Day Telephone _____

OTHER AWARDS

Please list the name and amount of any grants or scholarships you have been awarded.

<u>Name of Award</u>	<u>School to Which Award Will Be Applied</u>	<u>Amount</u>	<u>Status</u>
_____	_____	\$ _____	Granted / Pending
_____	_____	\$ _____	Granted / Pending
_____	_____	\$ _____	Granted / Pending
_____	_____	\$ _____	Granted / Pending
_____	_____	\$ _____	Granted / Pending

The student is responsible for submitting all materials to the Foundation on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application**
- Applicant Appraisal**
- Essay**
- Current Complete Transcript(s) of Grades**

*All materials, including transcript, must be addressed to:
Foundation for the Tri-State Community, Inc.
P.O. Box 2096
Ashland, KY 41105*

CERTIFICATION: *I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines. The information provided is complete and accurate to the best of my knowledge. If requested, I will provide additional proof of information. Falsification of information may result in the termination of any award granted.*

Applicant's Signature _____ **Date** _____

Parent's Signature _____ **Date** _____

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. If you prefer, you may return in a sealed envelope. A letter of recommendation does not replace this section, but you may submit a letter in addition to this appraisal.

Applicant Name _____

High School Applicant Attends _____

Scholarship Sought _____

	5 - Strongly Agree	4 - Agree	3 - Neutral	2 - Disagree	1 - Strongly Disagree
<i>The applicant's choice of a post-secondary educational program is appropriate.</i>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>The applicant's achievements reflect his/her ability.</i>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>The applicant has the ability to set realistic and attainable goals.</i>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>The applicant is committed to his/her school and/or community.</i>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>The applicant is able to seek, find and use learning resources.</i>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>The applicant demonstrates curiosity and initiative.</i>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>The applicant demonstrates good problem-solving skills, follows through and completes tasks.</i>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
<i>The applicant demonstrates respect for self and others.</i>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

*If necessary, attach additional comment sheet

Appraiser's Name _____ Title _____ Telephone _____

Signature _____ Organization _____ Date _____