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#29

## SCHOLARSHIP

**TITLE: OREN AND PATTY JUSTICE  
SCHOLARSHIP**

**DATE DUE in Counselors' Office: March 7, 2022**

### **REQUIREMENTS:**

- **Must be a resident of Boyd, Carter, Elliott, Greenup or Lawrence Counties**
- **Must be a senior planning to attend either:**

**Ashland Community & Technical College  
Eastern Kentucky University  
Marshall University  
Morehead State University  
Ohio University (Southern or Athens Branch)  
Rio Grande University  
Shawnee State University  
University of Kentucky**

- **Based on merit and financial need relative to tuition costs**
- **Preference will be given to students studying the sciences; EDUCATION MAJORS WILL NOT BE CONSIDERED**

**AWARD: not stated at this time**

**OREN AND PATTY JUSTICE**  
**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. \$1.00 for a transcript**
  - 4. Financial Form**
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**Foundation for the Tri-State Community, Inc.**  
**The Oren and Patty Justice Scholarship**  
**2022**

Established in late 2000, this scholarship provides assistance to students graduating from public or private high schools in the FIVCO counties of Kentucky (which consist of Boyd, Carter, Elliott, Greenup and Lawrence counties). Applying students must be planning to attend Ashland Community & Technical College, Eastern Kentucky University, Marshall University, Morehead State University, Ohio University (Southern Campus or Athens Campus), Rio Grande University, Shawnee State University or the University of Kentucky.

Each scholarship recipient shall be chosen on the basis of *merit* and financial need relative to tuition costs. Preference will be given to students studying the sciences or engineering related to health; education majors will not be considered.

**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 hand-deliver 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, including required financial information.
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. **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 \_\_\_\_\_

**POST-SECONDARY SCHOOL DATA**

Please write below the name of the post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. **Do not** use abbreviations.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

- 4-year College or University
- Vocational/Technical School
- 2-year Community or Junior College

Major or Course of Study \_\_\_\_\_ Expected College Graduation Date \_\_\_\_\_

Degree Sought: Bachelor Associate Certificate Other \_\_\_\_\_

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your educational and career objectives and long-term goals.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK EXPERIENCE**

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and the approximate number of hours worked each week.

Employer/Position	From Mo./Yr.	To Mo./Yr.	Hours per Week	Were you paid for your work?
				Yes / No
				Yes / No
				Yes / No

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the past four years (e.g., student government, music, sports). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. If necessary, attach an additional comment sheet.

Activity	No. of Years Participated	Special Awards/Honors	Offices Held

**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

**FINANCIAL INFORMATION**

The applicant's parents or guardians must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from the parents' or guardians' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

**COLLEGE TUITION AND FEES:**

Please provide an estimated total for the coming year. (Please refer to the cost of attendance budget at your first-choice school. This information should be available in the institution's publications, on its website or from its financial aid office.)

Tuition and Fees (Not Including Room and Board) \$ \_\_\_\_\_

Total Cost of Attendance \$ \_\_\_\_\_

**PARENTS' OR GUARDIANS' FINANCIAL DATA:**

- 1.) State of Residence:      KY      OH      WV
- 2.) Adjusted Gross Income (FORM 1040) \$ \_\_\_\_\_
- 3.) Total Federal Tax Paid (FORM 1040) \$ \_\_\_\_\_  
(**not** the amount withheld from paychecks)
- 4.) Total Income of Parent/Guardian \$ \_\_\_\_\_  
Total Income of Other Parent/Guardian \$ \_\_\_\_\_
- 5.) What is the total number of family members living in the household and primarily supported by the reported income? \_\_\_\_\_
- 6.) Marital Status of Parent(s) or Guardian(s):    Married      Divorced      Separated      Widowed      Single
- 7.) Of the total number of family members on line 5, what is the number of students attending college at least half time during the next school year (include applicant, exclude parents)? \_\_\_\_\_
- 8.) Please write the ages of family members aged 22 and below (include applicant): \_\_\_\_\_

***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**
- 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 41105-2096***

**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 \_\_\_\_\_