

# Synergy Outreach

# Dana Withrow Memorial

**Scholarship Application**

## Applications are open to Senior High school students planning to attend Junior college or University and have shown community work.

**Please complete all sections of the application. All applications must be submitted via email at**

[SynergyOutreach24.7@gmail.com](mailto:SynergyOutreach24.7@gmail.com%20%20) **or submit a physical copy via mail**:

Synergy Outreach 401 Solida Road South Point, OH 45680

Note: All information will be kept confidential

Applications will be reviewed by Synergy Outreach Board of Directors. All names will be removed from applications and the Board will receive applications with applicant #’s.

The Board will use a point-based rubric to assess each application.

The point-based rubric includes points for Financial Need, SAT Score, High School GPA, Extracurricular Activities, Community Service, and Essays/ Video submitted.

In addition, after scoring is complete, the Board will contact references provided to verify any information and may ask for additional references from the applicant.



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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please **type** or **print** your answers. | | | | | | | | |
| 1. | Last Name: | | | | First Name: | | | |
| 2. | Mailing Address:  Street: City: |  | State: ZIP: | | |  | |  |
| 3. | Daytime Telephone Number: | | | | | | | |
| 4. | Date of Birth: Month | Date | Year | | | Gender | |  |
| 5. | Current High School  or college: | | | | | | Number of years attended: | |
| 6. | I will be attending the following school:  Starting in the term: |  | Major: | | |  | |  |
| 7. | I will be entering the above-mentioned school as a: (Check one) Freshman Sophomore Junior Senior | | | | | | | |
| 8. | Grade Point Average (GPA) (On a 4.0 scale) . | | | 9. Writing  ACT Score:  SAT Score: | | Math | | Reading |
| 10. | Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s)  Street:  City: State: ZIP: Home phone:  List names of Brothers & sisters:  Father's Income: Father's Profession :  Mother's Income: Mother's Profession :  Father's Education level: Mother's Education level:  How long has the family been in US | | | | | | | |



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| 11. | Name and city of other high schools attended: | | | | | Number of years attended: | |
| 12. | List the name of any college you have attended or will be attending. | | Year Began | Year Ended | Year Graduated (If applicable) | | Type of Degree Received  (If applicable) |
|  | A. |  |  |  |  | |  |
| B. |  |  |  |  | |  |
| C. |  |  |  |  | |  |
| 13. | If decided. What specialty/major and/or minor do you plan to study as you continue your education? | | | | | | |
| 14. | List expenses you expect to incur per semester or quarter: (Approximate figures acceptable) | | | | | | |
|  | A. | Tuition: Amount: $ |  |  |  |  |  |
| B. | Books: Amount: $ |  |  |  |  |  |
| C. | Room & Board: Amount: $ |  |  |  |  |  |
| D. | Other expenses: Amount: $ |  |  |  |  |  |
| E. | Other expenses: Amount: $ |  |  |  |  |  |
| Comments: Describe Other expenses | | | | | | | |
|  | | | | | | | |
| 15. | List other financial assistance you will receive per semester or quarter | | | | | | |
|  | A. | Personal: Amount: $ |  |  |  |  |  |
| B. | Other Scholarship(s): Amount: $ Describe below under comments | | | | | |
| C. | Grants: Amount: $ “ Have you applied for a Pell Grant? Yes No | | | | |  |
| D. | Student Loan(s): Amount: $ “ | | | | |  |
| E. | Other Financial Resources: Amount: $ “ | | | | |  |
| Comments: | | | | | | | |
|  | | | | | | | |

**Use an additional sheet if you need more room to list financial information, educational goals, academic honors and community service activities as requested in items 14, 15, 16, 17 & 18.**

|  |  |
| --- | --- |
| 16. | What are your educational and professional goals and objectives? |

|  |  |
| --- | --- |
| 17. | List your academic honors, awards and membership activities while in high school: |

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| --- | --- |
| 18. | List your community service activities, hobbies, outside interests, and extracurricular activities: |

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| --- | --- |
| 19. | **Video Submission (*Maximum 3-minute video on why you deserve this scholarship*)**  Please submit your video by sending it to [SynergyOutreach24.7@gmail.com](mailto:SynergyOutreach24.7@gmail.com) Make sure it highlights your community service. |

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| 20. | Checklist:   1. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. 2. Your application will be returned to you if these items are not attached to this application. (No exceptions.) 3. Check “YES” or “NO” to be sure you have attached each item as required. | | |
|  | YES | NO | **Three (3) reference forms.** Return these completed forms in a sealed envelope, These letters can be from your teachers professors, from your employer, a significant adult (excluding parents or relatives) from a social service or non-profit organization where you have volunteered. |
| YES | NO | **Proof of college acceptance or current student enrollment.** A letter of college acceptance or program acceptance is required for receipt of funds. |
| YES | NO | **Most recent official high school transcript**. Photocopies of your transcript are **not acceptable**. Order official transcripts at Office of Admissions or registrar at high school |
| YES | NO | **Video:** send to [SynergyOutreach24.7@gmail.com](mailto:SynergyOutreach24.7@gmail.com) , minimum 3 Minute, to describe yourself and how have you made a positive difference in your community, school, family, etc. and why you deserve the scholarship? |

## STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote **Synergy Outreach Dana Withrow Memorial Scholarship** program.

I hereby understand that if chosen as a scholarship winner, according to the **Synergy Outreach** Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: Date:

Applicant Parent Signature

Email address

Parents Email address:

FOR MORE INFORMATION PLEASE GO TO THE WEBSITE

[**www.SynergyOutreach.org**](http://www.SynergyOutreach.org)

**DEADLINE TO SUBMIT IS 3/31/2021**