

**PAUL G. WARD, JR. MEMORIAL SCHOLARSHIP**

Sponsored by the Bedford City Schools Foundation

[www.bedfordfoundation.net](http://www.bedfordfoundation.net)

**ONLY TYPED FORMS WILL BE ACCEPTED. SCHOLARSHIP FORM IS AVAILABLE ONLINE.**

**SCHOLARSHIP:** One \$500 Scholarship given each year (renewable up to 4-years for a maximum award of \$2,000)

**Selection Committee:** Members of the Paul G. Ward, Jr. family and Bedford City Schools Foundation Scholarship Committee

**CRITERIA:**

**Background:** 1) Bedford High School Senior (open to all graduating seniors), 2) Desired: Student of Carylwood Intermediate School and/or attending the University of Cincinnati, 3) Participant in an extracurricular activity while at Bedford High School.

**Demographic:** At Risk (Foster Care, Low Income, Single Parent, etc.)

**Personal Qualities:** Well-rounded student who demonstrates Leadership and Perseverance

**Academic:** 1) Enrollment at an accredited 2-4 year College or University, 2) Desired: Interest in Education or Psychology Major

Scholarship winner will be announced at the Bedford Scholarship Breakfast, monies will be awarded with proof of enrollment at an accredited 2-4 year College or University

Scholarship recipients may reapply at the end of each school year. Awards will be made based on the discretion of the Foundation.

The Applicant must: complete all sections of this Application.

Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / ( \_\_\_\_\_ ) \_\_\_\_\_  
City Zip Code Telephone

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Expected Career Goal \_\_\_\_\_

College or Post High School Program planning to attend: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

I give permission, if awarded this scholarship, to have information about my current plans and current and future success accomplishments posted to the Bedford City Schools Foundation web site.

Signature of Applicant (or parent/guardian if under 18) \_\_\_\_\_

Return this application and one sealed letter of recommendation to the Registrar's Office (Room 150) by: **March 17, 2017.**  
**NO APPLICATIONS ACCEPTED AFTER THIS DATE.**

To the Applicant: Write a detailed one-page essay explaining how you possess each of the following qualities as demonstrated over the four years of your high school career. Use the space provided or attach no more than one additional page. Include examples of your activities. Do not use your name. **ESSAY MUST BE TYPED.**

**QUALITIES:**

1. **School & Community Service** (i.e. Member of Band, Athlete, Volunteer, Hunger Program, etc.)
2. **Initiative/Hard Work** (i.e. projects completed, overcoming adversity, vocational program, etc.)
3. **Ability to succeed in College or Post High School Educational Program**

**ESSAY**

Briefly describe any family circumstances affecting financial need that the scholarship selection committee should consider (If left blank, committee assumes NO financial need exists).

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Applicant Number \_\_\_\_\_

Dear Counselor: Thank you for taking time to help this student by completing this form. The scholarship committee for Bedford Schools Foundation needs the information as requested below to determine the qualifications of this applicant for a Bedford City Schools Foundation Scholarship. (Please use **BLACK INK**)

**On what do you base your estimate of the applicant? (Please check all that apply)**

*Personal Acquaintance*                       *School Records*  
 *Report of Instructors*                       *Other*

**In your opinion, what is the applicant's greatest strength?**

**Has the applicant maintained a definite and sincere interest in academic studies?**

*Definitely*                       *To Some Extent*                       *Unable to Judge*

**Does this student's overall attitude toward study lead you to believe that he/she will carry college work successfully?** \_\_\_\_\_

Class Rank \_\_\_\_\_ in a class of \_\_\_\_\_                      Grade Point Average: \_\_\_\_\_

**Did the student attend Carylwood Intermediate School?**

*Yes*                       *No*

**Please add any further information that would help differentiate this student's application. (Do not refer to the student by name, only as applicant.)**

**Briefly describe any family circumstances that could affect financial need that the scholarship selection committee should consider.**

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Sponsored by the Bedford City Schools Foundation  
*Faculty Recommendation (other than counselor)*

**Note to Faculty:** This page can be downloaded from our website:  
[www.bedfordfoundation.net](http://www.bedfordfoundation.net).

**Student's Name** \_\_\_\_\_

**Personal Qualities:** Scholarship, intellectual curiosity, citizenship, school and community service, and demonstration of a commitment to lifelong learning.

APPLICANT NUMBER \_\_\_\_\_  
(For Office Use Only)

Please write recommendation below or attach separate sheet to this form. (*Do not refer to the student by name, only as Applicant*) (Please use **BLACK INK** or a **WORD PROCESSOR**)

*Briefly describe any family circumstances that could affect financial need that the scholarship selection committee should consider.*

*Return this recommendation to the Registrar's Office (Room 150) by: **March 17, 2017. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.***

**\*Note:** If the signature line is left blank, the faculty recommendation will not be considered.

Faculty Member (Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_