JOANN HAMILTON MEMORIAL FUND

APPLICATION INSTRUCTIONS

This application is for graduating seniors of Lincoln County Schools, particularly Newport High School, who show talent and skills in academics or in the areas of speech, drama and vocational skills; such as, but not limited to, carpentry, cabinet making, metal working, welding, mechanics, electronics or mechanical drawing.

This a one-year scholarship that may be applied for in succeeding years. Scholarships are awarded to students who show financial need and proven academic achievements. A student may only apply for the scholarship four (4) times. Eligibility for the scholarship is limited to the five years immediately following high school graduation.

The application must be completed and returned to:

**U.S. Bank Charitable Services Group**

**Joann Hamilton Memorial Scholarship**

**P.O. Box 3168**

**Portland, OR 97208**

POSTMARKED BY MARCH 1

Required Documents:

Please submit the following items with your completed application:

1. An official academic transcript
2. Two one-page letters of recommendation.
	1. One from a faculty member or counselor
	2. One from persons outside the school system
3. A one-page personal statement – tell us about yourself, your goals and why you should receive funding
4. SAT or ACT scores
5. A copy of your parents or guardians most recently completed 1040 federal tax form (with SS# redacted)
6. Completed application (must be signed and dated)

Applications will be considered only if all necessary forms and documents are postmarked by MARCH 1

**JOANN HAMILTON MEMORIAL FUND – APPLICATION FORM**

NAME: Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

PHONE NUMBER: Click or tap here to enter text.

EMAIL ADDRESS: Click or tap here to enter text.

PARENT/GUARDIAN: Click or tap here to enter text.

HIGH SCHOOL ATTENDED: Click or tap here to enter text.

DATE OF GRADUATION: Click or tap here to enter text.

TRADE SCHOOL/COLLEGE PLANNING TO ATTEND: Click or tap here to enter text.

CAREER AREA: Click or tap here to enter text.

ACADEMIC HONORS AND AWARDS RECEIVED: Click or tap here to enter text.

SCHOOL ACTIVITIES AND ORGANIZATIONS: Click or tap here to enter text.

COMMUNITY SERVICE: Click or tap here to enter text.

WORK EXPERIENCE: Click or tap here to enter text.

NAMES OF THE TWO PEOPLE WHO PROVIDED RECOMMENDATION LETTERS:

Click or tap here to enter text.

TOTAL FAMILY INCOME (FROM FORM 1040): $Click or tap here to enter text.

EXPECTED FAMILY OF SELF CONTRIBUTION: $Click or tap here to enter text.

EXPECTED ANNUAL EXPENSES (Tuition, Books & Fees): $Click or tap here to enter text.

NUMBER OF FAMILY MEMBERS BEING SUPORTED IN CONTINUING EDUCATION: Click or tap here to enter text.

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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SIGNATURE DATE

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PARENT/GUARDIAN SIGNATURE DATE