**2018 Leola Payne-White Scholarship Fund**

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|  | Application Checklist |
|  | Application |
|  | Copy of College Acceptance Letter |
|  | One Teacher/Community Letters of Recommendation |
|  | Transcript with SAT/ACT Test scores |
|  | \*A Teacher Letter of Recommendation form is in the application packet; however, if your letter of recommendation is from a member of the community they will have to write a letter for you. |

**The completed application must be received by Mrs. Warren - no later than Wednesday, April 25, 2018.**

**2018 Leola Payne-White Scholarship Fund**

**Purpose:** This scholarship fund was created in memory of Leola Payne-White of Lenox, Georgia. Leola attended Cook High School, where she graduated in 1998. After high school, she enrolled at Georgia Southern University of Statesboro, Georgia and majored in Human Resources.

Leola was a loving person who did not judge others, and everyone who met her always enjoyed her presence. She played the trombone and was a member of the Cook High Marching Hornet Band. Leola who most of us also refer to as “Lee” was a member of the Beta club, FBLA, and CBE. She was a longtime member of Harrel Chapel Baptist Church of Lenox, GA. Leola was known in the community for her generosity, friendship, and dedication to her family.

In establishing this scholarship, Leola’s family and friends wish to recognize the dedication to continued education and community service of a graduating Cook High School student.

**Award:** $500

**Eligibility:**

1. Be a graduating senior from Cook High School.
2. Have a GPA of 2.5 or higher.
3. Must belong to a single parent household and demonstrate merit achievement and a strong desire to help others.
4. Submit essay of 500 words providing explanation of community service.
5. One letter of recommendation from a teacher, counselor, or community leader.
6. Demonstrate plans to attend an institution of higher learning, which may be a 2-year or a 4-year college or vocational school.

**Completed applications must be submitted to Mrs. Warren by the deadline – Wednesday, April 25, 2018.**

**2018 Leola Payne-White Memorial Scholarship Fund Application**

**Eligible students**: Any senior who has a 2.5 GPA or better and lives in a single parent household. The applicant must demonstrate merit achievement and a strong desire to help others.

**Award Amount**: $500

**Due Date**: All application must be turn in to Mrs. Warren by Wednesday, April 25th, 2018

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| Name: |  | | |
| Father’s Name: |  | Mother’s Name: |  |
| Employer: |  | Employer: |  |
| Position: |  | Position: |  |

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| High School GPA: |  |  |  | | |  | | | | | |
| Where do you plan to attend college? | | |  | | | | | | | | |
| Have you been accepted at this college? | | | |  |  | | |  |  | |
| Are you HOPE eligible (3.0 GPA or 3.7 for Zell Miller)? | | | | | | |  | | |
| Your proposed major field of study: | | |  | | | | | | | | |
| Career goal: |  | | | | | | | | | | |
| Will you be the first in your family to go to college? | | | | | |  | | | | | |

**TO BE COMPLETED BY SCHOOL COUNSELOR:**

Overall GPA: \_\_\_\_\_\_\_\_\_ HOPE GPA: \_\_\_\_\_\_\_\_ Class Rank: \_\_\_\_\_\_\_\_\_\_\_\_

SAT Scores: Combined: \_\_\_\_\_\_\_\_\_ Verbal \_\_\_\_\_\_\_\_\_ Math \_\_\_\_\_\_\_\_\_\_

ACT Scores: Composite: \_\_\_\_\_\_\_\_

English \_\_\_\_\_\_\_\_ Math \_\_\_\_\_\_\_\_ Reading \_\_\_\_\_\_\_ Science \_\_\_\_\_\_\_\_

Signature of Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2018 Leola Payne-White Memorial Scholarship Fund**

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| Name: |  |

Clubs/Teams/ Organizations – Indicate grade AND number of years of membership

Ex: Anchor Club Member 10, 11 2 years

Key Club Secretary 11 1 year

Member 9, 10, 11 3 years

(includes secretary yr)

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Honors: List any honors that you have received during your high school career - Indicate the grade in which each honor was awarded. Please list again anything that may have been entered elsewhere on the application.

Ex: Top Ten, Cook High School 9, 10, 11

Rotary Club Student of the Quarter 10

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

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**2018 Leola Payne-White Memorial Scholarship Fund**

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| Name: |  |

Candidate Statement: Please write **500 word essay describing your dedication to community service**. (You may attach a typed statement.)

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

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| Name: |  |

**Confidential Teacher Recommendation**

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| --- | --- | --- |
| Date: | |  |
| Dear |  | | |

|  |  |
| --- | --- |
|  | is applying for local scholarships. If you wish to recommend |

this student, please complete the rating chart **and** the comments section below. Your comments provide important details about the applicant and are particularly helpful to the interviewers.

|  |  |  |  |  |  |
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|  | Outstanding | Excellent | Above Average | Average | Below Average |
| Attendance |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Character |  |  |  |  |  |
| Initiative/Motivation |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Personality |  |  |  |  |  |
| Academic promise |  |  |  |  |  |
| Personal promise |  |  |  |  |  |
| Overall recommendation |  |  |  |  |  |

Please return this form directly to Mrs. Warren no later than Wednesday, April 25th, 2018. It is understood that all information submitted on this form will be held in strict confidence.

Comments:

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

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Teacher signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_