

Foundation for the Tri-State Community, Inc.
Dick Griffith Scholarship
2018

The Dick Griffith Scholarship Fund was established to provide scholarships to seniors from Cabell County and Wayne County, West Virginia; Lawrence County, Ohio; and Boyd County, Kentucky. The scholarship is awarded to an individual who best exemplifies Mr. Griffith's dedication to tennis as a lifelong endeavor. While the scholarship is not limited to competitive tennis players, non-tennis players must have a connection to the tennis community at large. Selection criteria include, but are not limited to, sportsmanship, moral character, citizenship and satisfactory academic standing. Financial need may be considered. Candidates must also plan to attend an accredited two- to four-year college, university, community college or technical school.

STUDENTS: We consider it your responsibility to see that this information is complete in every detail and is in our hands on or before March 1, 2018. 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. Your name and address and the name of this scholarship program should be included on all attachments. If you need assistance, see your guidance counselor.

You must make certain that the following materials have been submitted:

1. **Application Form:** Please complete all pages, filling in all blanks. Return the completed application to the Foundation for the Tri-State Community, Inc. Please **do not** use two-sided printing to print the application. Paperclip the form and attachments; **do not** staple.
2. **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.
3. **Essay:** Please write an essay on your view of athletic competition and tennis participation, explaining how your accomplishments reflect your views.
4. **Financial Form:** Please complete the attached financial form and submit it with your application.
5. **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.

APPLICANT DATA

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Email Address _____

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

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 photocopy this section and return it to the applicant in a sealed envelope. A letter of recommendation does not replace this section.

	<i>5 - Strongly Agree</i>	<i>4 - Agree</i>	<i>3 - Neutral</i>	<i>2 - Disagree</i>	<i>1 - Strongly Disagree</i>
<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** _____

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**
- Essay**
- 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** _____

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) \$ _____

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): _____