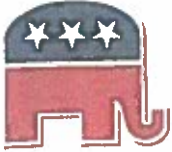


Walker County Republican Party



Matt Williamson, Chairman
John Carpenter, First Vice Chairman
Cathie Kelley, Second Vice Chairman
Jim Powell, Treasurer
Nancy Burton, Secretary

P.O. Box 145
Flintstone, Georgia 30725
423.364.5682

GOPWalkerSecretary@gmail.com

September 15, 2016

Dear Scholarship Applicant:

Thank you for your interest in our "Good Citizen" scholarship program. As an organization, we are interested in promoting high educational standards and good citizenship practices through grassroots involvement in local, state and national government. Your interest is evidence of high educational standards and we applaud that commitment. Likewise, we encourage participation in our local community/civic activities as you move toward becoming an involved voting citizen.

The application package that you requested is attached. Please read and follow the directions very carefully, being sure to include all required documentation. Please note that an official signed transcript and two separate reference forms are required and must be submitted in separate sealed envelopes. Additionally, an acceptance letter from the college/technical school that you plan to attend must be included in your application package. Incomplete or illegible applications will not be considered. All completed applications must be returned by Friday, April 7, 2017 at 5 p.m

Please send your application package to:

Walker County GOP Scholarship Committee
P.O. Box 145
Flintstone, GA 30725

Applications will be reviewed by the Scholarship Committee and all applicants will be notified of the results in the month of May.

We appreciate your interest in our Scholarship program and wish you the very best of luck as you pursue your educational goals.

Best Regards,

Carmen McFarland
Chairman
Scholarship Committee

Attachments



GOOD CITIZEN SCHOLARSHIP APPLICATION
Sponsored by Walker County Republican Party
14th District
State of Georgia

1. Applicants must have a GPA of a 3.0 on a 4.0 scale.
2. Applicants must be a resident of Walker County and/or a student in a Walker County High School.
3. **DEADLINE** for the GOP scholarship application is **Friday, April 7, 2017.**
4. Incomplete or illegible applications will not be considered.
5. All transcripts and reference forms must be submitted in sealed envelopes.
6. Applicants will be notified in **May** regarding the status of his/her application.
7. The following items must be attached to this application to be considered.

Circle "YES" or "NO" to be sure you have attached each item as required.

YES	NO	Two reference forms. Return these completed forms in a sealed envelope from your teachers or professors. Two reference forms are included in this application packet.
YES	NO	Proof of college/school acceptance or current student enrollment. A letter of acceptance is required if you will be a beginning freshman or tech school student.
YES	NO	Most recent <u>official</u> high school transcript. Photocopies and/or unofficial versions of your transcript are <u>not acceptable</u> . Transcripts must be submitted in sealed envelopes to be considered.
YES	NO	Proof of ACT or SAT scores.

Print Full Name: _____ Nickname: _____

High School _____ Anticipated Graduation _____

Please type or print your answers. Illegible applications will not be considered.			
1.	Mailing Address:	Street: _____	
		City: _____	State: _____ ZIP: _____
	E-Mail Address:	_____	
2.	Home Telephone Number:	Text Number: _____	
3.	Date of Birth:	Month _____	Day _____ Year _____

4.	<p>In the Fall of 2017, I will be a: (Circle one)</p> <p>College Freshman Technical School Student Other: _____</p> <p>I will be attending the following school: _____</p> <p>Proof of acceptance or current student enrollment from the above school is required.</p>
5.	<p>Grade Point Average (GPA): _____ (On a 4.0 scale)</p> <p>Attach proof of GPA. Your most recent official school transcript required.</p>
6.	<p>ACT Score: _____</p> <p>Or</p> <p>SAT Score: _____</p> <p>A copy of your ACT or SAT score sheet is required.</p>
7.	<p>Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space.</p> <p>Name (s) _____</p> <p>Street: _____ City: _____ State: _____</p> <p>ZIP: _____</p> <p>Home phone of parents or legal guardians: _____</p> <p>Work/cell phone of parents or legal guardians: _____</p>
8.	<p>What field will be your major as you continue your education?</p>

9.	<p>What are your educational and professional goals and objectives? (You can attach your resume and/or personal statement if it has this information.)</p>
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10.	<p>List your academic honors, awards and membership activities while in high school. (You can attach your resume if it has this information.)</p>
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11. List your community service activities, hobbies, outside interests, and extracurricular activities. (You can attach your resume if it has this information.)

12. Please tell why you love this country and how you will contribute to its well-being.

STATEMENT OF ACCURACY AND CONSENT

I hereby affirm that all information provided by me is true and correct to the best of my knowledge. I also consent that my picture and application excerpts may be used for publicity or any purpose deemed necessary to promote the GOP's scholarship program.

Signature of scholarship applicant: _____ Date: _____

Signature of parent/guardian _____ Date _____

Please send completed application and attachments to:

**Good Citizen Scholarship Committee
P.O. Box145
Flintstone, GA 30725**

EVALUATION SCORE SHEET

GOOD CITIZEN SCHOLARSHIP APPLICATION 2016/17 SCHOOL YEAR

Scholarship Criteria: One \$1,000 scholarship will be given to a high school senior who plans to attend and has been accepted into an accredited college or technical school and has at least a GPA of 3.0 on a 4.0 scale. The applicants may major in any field of study but preference will be given to students with the desire to serve their country in some capacity.

This scholarship applicant has been verified by Walker County Scholarship Committee and has met all criteria to qualify.

Applicant's Name: _____

Please review and evaluate the attached scholarship application. Score the applicant in the following areas for a possible score of (100).

Points:

- | | |
|--|---------------------------|
| 1. Academic Accomplishment | (Maximum 30 points) _____ |
| 2. Service to County Statement | (Maximum 20 Points) _____ |
| 3. Community Service & Extra Curricular Activity Involvement | (Maximum 20 points) _____ |
| 4. Reference Form Evaluation #1 | (Maximum 15 points) _____ |
| 5. Reference Form Evaluation #2 | (Maximum 15 points) _____ |
| TOTAL: (Maximum 100 points) _____ | |

After review of all scholarship applicants this applicant is ranked: _____ 1, 2, or 3 (# 1 being your choice of the recipient of this scholarship)

Reviewer Notes:



Walker County GOP P.O. Box 145 Flintstone, GA

**REFERENCE FORM # 1
GOOD CITIZEN SCHOLARSHIP
Walker County Republican Party**

TO THE APPLICANT:

After you have filled out the personal information below, give this form to a teacher or professor who knows you well and has taught you in an academic subject either this year or the year before. Your teacher or professor will appreciate receiving this form as soon as possible so he/she can be sure to complete it well before the **April 7, 2017 deadline** when the scholarship application is due. Your teacher or professor will return this completed reference form to you in a sealed & signed envelope and then you are responsible for including this reference form with your scholarship application. **Be sure to keep it in the sealed & signed envelope from your teacher or professor.**

Student Name: _____
(Last) (First) (Middle)

Applicant's Address: _____
(Number & Street) (City) (State) (ZIP)

School Attending: _____
(Official Name of School)

School Phone Number: (_____) _____

School Address: _____
Street Address (City) (State) (ZIP)

TO THE TEACHER OR PROFESSOR:

We recognize the demands on your time, and we appreciate the efforts you expend on behalf of your students who apply for college scholarships. We consider the teacher's/professor's reference extremely important in evaluating scholarship applicants. The task of our scholarship selection committee is to distinguish the very best candidates (using a variety of criteria) from among many well qualified students. If a candidate has exceptional qualities or unique characteristics, they should be noted. **PLEASE return this reference form to this student in a sealed & signed envelope.** This reference form is part of the application criteria the student is required to return with the scholarship application. Thank you.

How long have you known the applicant? _____

Subject(s) you have taught the applicant and grade(s) earned:

Reference Form #1
Page 2

Student's Name: _____
 Print or type full name of student

The following is a checklist that will provide a convenient method to evaluate the applicant. Please evaluate this applicant in comparison to other students you have taught. Please skip any category that does not apply.

Criteria	Fair	Average	Above Average	Very Good (Top 10%)	Outstanding (Top 5%)
Academic achievement					
Initiative/motivation					
Intellectual curiosity					
Oral communication					
Written communication					
Creativity					
Energy					
Self-confidence					
Leadership/influence					
Responsibility					
Integrity					
Concern for others					
Respect for differences					
Warmth of personality					
Sense of humor					
Emotional maturity					
Reaction to setbacks					
Respect accorded by faculty					
Respect accorded by peers					
Extra-curricular involvement					
Overall recommendation					

Other comments about the applicant you would like to mention: (If you need more room please use an additional sheet.)

Teacher's/Professor's Name: _____ Phone Number: _____
 Print or type full name

Signature of teacher/professor: _____ Date: _____

PLEASE return this reference form to the student in a sealed & signed envelope. This reference form is part of the application criteria the student is required to return with the scholarship application.



Walker County GOP
 P.O. Box 145
 Flintstone, GA

**REFERENCE FORM # 2
 GOOD CITIZEN SCHOLARSHIP
 Walker County Republican Party**

TO THE APPLICANT:

After you have filled out the personal information below, give this form to a teacher or professor who knows you well and has taught you in an academic subject either this year or the year before. Your teacher or professor will appreciate receiving this form as soon as possible so he/she can be sure to complete it well before the **April 7, 2017 deadline** when the scholarship application is due. Your teacher or professor will return this completed reference form to you in a sealed & signed envelope and then you are responsible for including this reference form with your scholarship application. **Be sure to keep it in the sealed & signed envelope from your teacher or professor.**

Student Name: _____
(Last) (First) (Middle)

Applicant's Address: _____
(Number & Street) (City) (State) (ZIP)

School Attending: _____
(Official Name of School)

School Phone Number: (____) _____

School Address: _____
Street Address) (City) (State) (ZIP)

TO THE TEACHER OR PROFESSOR:

We recognize the demands on your time, and we appreciate the efforts you expend on behalf of your students who apply for college scholarships. We consider the teacher's/professor's reference extremely important in evaluating scholarship applicants. The task of our scholarship selection committee is to distinguish the very best candidates (using a variety of criteria) from among many well qualified students. If a candidate has exceptional qualities or unique characteristics, they should be noted. **PLEASE return this reference form to this student in a sealed & signed envelope.** This reference form is part of the application criteria the student is required to return with the scholarship application. Thank you.

How long have you known the applicant? _____

Subject(s) you have taught the applicant and grade(s) earned:

Student's Name: _____
 Print or type full name of student

The following is a checklist that will provide a convenient method to evaluate the applicant. Please evaluate this applicant in comparison to other students you have taught. Please skip any category that does not apply.

Criteria	Fair	Average	Above Average	Very Good (Top 10%)	Outstanding (Top 5%)
Academic achievement					
Initiative/motivation					
Intellectual curiosity					
Oral communication					
Written communication					
Creativity					
Energy					
Self-confidence					
Leadership/influence					
Responsibility					
Integrity					
Concern for others					
Respect for differences					
Warmth of personality					
Sense of humor					
Emotional maturity					
Reaction to setbacks					
Respect accorded by faculty					
Respect accorded by peers					
Extra-curricular involvement					
Overall recommendation					

Other comments about the applicant you would like to mention: (If you need more room please use an additional sheet.)

Teacher's/Professor's Name: _____ Phone Number: _____
 Print or type full name

Signature of teacher/professor: _____ Date: _____

PLEASE return this reference form to the student in a sealed & signed envelope. This reference form is part of the application criteria the student is required to return with the scholarship application.