

**Harry Whiting Brown Community Center  
Community Service Scholarship Fund  
Application Form**

Applicant Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Home Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City Zip

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_  
home cell circle one

Signature of applicant: \_\_\_\_\_  
date

Signature of Parent/Guardian: \_\_\_\_\_  
date

**Please check each of the following requirements prior to submitting application.**

- I have completed all areas of application.
- I have included two completed recommendation forms, and one is from my community service adviser.
- I have included the signed documentation from the community service organization.
- I have included information about the intended program/class/etc. that will be attended.
- I understand that I must be a resident of Glendale.
- I understand that I must be either a Junior or Senior in High School by **May 31, 2023**
- I understand that the scholarship cannot be used for the purchase of items for personal use.

**Applicant Number:** \_\_\_\_\_ (to be filled in by designated HWB representative)

**School and Community Activities**

Briefly describe your participation in community and/or school organizations and activities. Provide any information about leadership roles that you currently hold or held in the past.

<b>Organization</b>	<b>Activity</b>	<b>Leadership Role</b>

Please use the space below to include programs or activities that will not fit in the space above.

**I. Short Answer**

**1. In your opinion, what has been your most significant contribution to community service? Why?**

**2. What have you learned from the community service projects in which you have participated?**

**3. Describe the proposed use of the scholarship fund as related to the above objectives and goals.**

**4. In what ways will you benefit from participating in this program?**

***I have read and understand the requirements for receiving the Harry Whiting Brown Scholarship.***

Signature of applicant: \_\_\_\_\_ date \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Harry Whiting Brown Community Service Scholarship Reference Form**

**Name of Scholarship Applicant:** \_\_\_\_\_

**Please continue to second page of the reference form.**

**Applicant Number:** \_\_\_\_\_ (to be filled in by designated HWB representative)

**Name of Reference:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Length of time you have known the applicant:** \_\_\_\_\_

Please rate the scholarship applicant in the following areas:

Area	Poor – 1	Minimal - 2	Average - 3	Good - 4	Excellent - 5	Unable to Comment
Reliability						
Punctuality						
Honesty						
Flexibility						
Creativity						
Enthusiasm						
Self-Direction						
Energy/Drive						
Interpersonal Skills						
Commitment to Community Service						

**Comments:**

**Please use this sheet to make any additional comments.**

**Please return the completed form to the applicant in a signed and sealed envelope or send it to:**

HWB Scholarship Fund  
332 Oak Drive  
Glendale, OH 45246

**Signature:** \_\_\_\_\_  
date

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