ROGER B. CHAFFEE SCHOLARSHIP FUND APPLICATION FOR SCHOLARSHIP - 2015

Page 1 of 4

The **ROGER B. CHAFFEE SCHOLARSHIP FUND**, named for a Grand Rapids astronaut who perished in the Apollo I spacecraft fire January 27, 1967, was established by his family, friends, and fellow classmates. The \$2,500 scholarship is awarded annually to an outstanding student (public or non-public) in the Kent Intermediate School District, who intends to pursue a college career in engineering, mathematics or the sciences relating to space technology. This scholarship is awarded without regard to race, color, sex, or creed.

STRUCTIONS TO APPL	LICANTS:				
		ink carefully. Complete day, February 27, 2015	and return as indicated.		
test scores (SAT aminimum grade po Senior grades will r The transcript, acco	and/or AC int averag not be ava mpanied b	T) is required. Studer e of 3.5. (It is unders illable, but first semeste by a copy of your school?	g current subjects, and your nts who apply must have a stood your second semester or grades must be included.) is grading system, must be in guidance counselor or high		
science and/or mat	hematics i		lations from your high school e them returned to you in a		
		• '	teacher recommendations to by the required deadline.		
to the c <u>27, 201</u>	ommittee 5 or har	, postmarked by the de	e complete application sent eadline date of <u>FEBRUARY</u> <u>p.m. Friday February 27.</u> d.		
Full name of applicant _					
Date of birth		Place of birth	_ Place of birth		
Home address					
City	_Zip	Telephone	Email		
	ttending _				
High School Grade Point Average		Class Size	Class Rank		

ROGER B. CHAFFEE SCHOLARSHIP APPLICATION

Page 2 of 4

For what career do you plan to prepare?			
Course of study			
Which accredited college or university do you plan to atte	nd/or have applied to?		
Have you made application for admission?Yes List extra-curricular activities in which you participated in h			
Have you held office in any of the above? Specify:			
Have you received or applied for a scholarship or fellowshYesNo State briefly your plans for the future, indicate why you are you should be a recipient:	•	·	
List community activities in which you have participated:			
Names of teachers you have asked for recommendations			
Name	Telephone	Email	
Name	Telephone	Email	
The undersigned hereby makes application to the ROGEF herewith the required information.	R B. CHAFFEE SCHO	LARSHIP FUND and subn	nits
Date, 2015 (Signed)			
Hand Deliver by 4:00 p.m. February 27, 2015 to: or postmark <u>no later than February 27, 2015</u>	Kevin Konarska, Superintendent Kent Intermediate School District 2930 Knapp, NE Grand Rapids, Michigan 49525 (616) 365-2217		

TEACHER RECOMMENDATION FORM

To satisfy the requirements for consideration, the applicant must secure two (2) recommendations from present or past high school math and/or science teachers. Would you please complete this form on behalf of the student, thus serving one of the requirements. The student must have this returned to Kent ISD by February 27, 2015.

Nam	e of applicant				
High	school student now attends				
Your	name and title	Telephone	e	Email	
In wh	nat courses have you taught this stude	nt?			
How	long have you known the applicant? _				
Reas	sons for recommending this student? _				
Wha	t is the vocational goal of the student?				
	<u>Excellent</u>	Above Average Avera	Below age Average	Comments	
1. 2. 3. 4. 5. 6.	Participation in Discussion Involvement in Classroom Activity Evenness of Performance Critical and Question Attitude Depth of Understanding Personal Responsibility tional information you feel would be he				
	se return to the student in a sealed		-		
Teac	cher signature		Da	ite	

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Nam	e of applicant						
High	school student now attended	s					
Your	name and title			Telepho	one	Email	
In wh	nat courses have you taugh	t this student	?				
How	long have you known the a	pplicant?					
Reas	sons for recommending this	student?					
Wha	t is the vocational goal of th	e student? _					
		Excellent	Above Average	Average	Below Average	Comments	
1. 2. 3. 4. 5. 6.	Participation in Discussion Involvement in Classroom Activity Evenness of Performance Critical and Question Attitude Depth of Understanding Personal Responsibility tional information you feel v						
Plea	se return to the student ir	n a <u>sealed</u> en	velope, wit	h your sign	ature over	the seal, as soon	as possible.
Teac	cher signature				Da	te	