

ROGER B. CHAFFEE SCHOLARSHIP FUND APPLICATION FOR SCHOLARSHIP - 2017

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 \$3,000 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.

INSTRUCTIONS TO APPLICANTS:

- _____ 1. Read the entire application blank carefully. Complete and return as indicated. Deadline for applications is Monday, February 28, 2017.
- _____ 2. A complete transcript of your school record, including current subjects, and your test scores (SAT and/or ACT) is required. Students who apply must have a minimum grade point average of 3.5. (It is understood your second semester Senior grades will not be available, but first semester grades must be included.) The transcript, accompanied by a copy of your school's grading system, must be in a sealed envelope and signed over the seal by your guidance counselor or high school principal.
- _____ 3. Using the enclosed forms, secure two (2) recommendations from your high school science and/or mathematics instructors. Please have them returned to you in a sealed envelope with their signature over the seal.
- _____ 4. Send your application, the transcript, and the two (2) teacher recommendations to the Scholarship Fund Committee in a manila envelope by the required deadline.

IMPORTANT: It is your sole responsibility to have the complete application sent to the committee, postmarked by the deadline date of FEBRUARY 28, 2017 or hand delivered by 4:00 p.m. Tuesday, February 28. Incomplete applications will be rejected.

.....
Full name of applicant _____

Date of birth _____ Place of birth _____

Home address _____

City _____ Zip _____ Telephone _____ Email _____

High School currently attending _____

High School _____

Grade Point Average _____ Class Size _____ Class Rank _____

ROGER B. CHAFFEE SCHOLARSHIP APPLICATION

For what career do you plan to prepare? _____

Course of study _____

Which accredited college or university do you plan to attend/or have applied to? _____

Have you made application for admission? ___Yes ___No

List extra-curricular activities in which you participated in high school: _____

Have you held office in any of the above? Specify: _____

Have you received or applied for a scholarship or fellowship for financial assistance from any other source?
____Yes ___No

State briefly your plans for the future, indicate why you are applying for this scholarship, and state why you believe 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 **ROGER B. CHAFFEE SCHOLARSHIP FUND** and submits herewith the required information.

Date _____, 2017 (Signed) _____

**Hand Deliver by 4:00 p.m. February 28, 2017 to:
or postmark no later than February 28, 2017**

***Ron Caniff, Superintendent
Kent Intermediate School District
2930 Knapp, NE
Grand Rapids, Michigan 49525***

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 28, 2017.

Name of applicant _____

High school student now attends _____

Your name and title _____ Telephone _____ Email _____

In what courses have you taught this student? _____

How long have you known the applicant? _____

Reasons for recommending this student? _____

What is the vocational goal of the student? _____

		Above		Below	
	Excellent	Average	Average	Average	Comments

1. Participation in Discussion _____
2. Involvement in Classroom Activity _____
3. Evenness of Performance _____
4. Critical and Question Attitude _____
5. Depth of Understanding _____
6. Personal Responsibility _____

Additional information you feel would be helpful to the Scholarship Committee:

Please return to the student in a **sealed envelope**, with your signature over the seal, as soon as possible.

Teacher signature _____ Date _____

ROGER B. CHAFFEE SCHOLARSHIP

Page 4 of 4

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 28, 2017.

Name of applicant _____

High school student now attends _____

Your name and title _____ Telephone _____ Email _____

In what courses have you taught this student? _____

How long have you known the applicant? _____

Reasons for recommending this student? _____

What is the vocational goal of the student? _____

	Excellent	Above Average	Average	Below Average	Comments
--	-----------	---------------	---------	---------------	----------

1. Participation in Discussion _____
2. Involvement in Classroom Activity _____
3. Evenness of Performance _____
4. Critical and Question Attitude _____
5. Depth of Understanding _____
6. Personal Responsibility _____

Additional information you feel would be helpful to the Scholarship Committee:

Please **return to the student** in a **sealed envelope**, with your **signature over the seal**, as soon as possible.

Teacher signature _____ Date _____