

one from someone of your choosing (forms attached).

The Alabama Conservation District Employees Association Scholarships are presented to six seniors in the State of Alabama, who are entering college in the field of their choice upon high school graduation.

Completed applications must be received in our district office by 4 p.m. March 15, 2023. Because of the short time frame for judging, late applications CANNOT be accepted. Applications can be emailed to Roxanne Adams at pike@alconservationdistricts.org or mailed to the address on the previous page.

\*References: Two completed recommendation forms are needed. We suggest one from a teacher and

\*A photo should be attached to the application. (This can be a COPY of a school picture or license photo. This can be scanned and emailed or copied and attached. I do not need original photos. This will count for scoring.,

Student Name Home Phone Work Phone Address State Zip YES NO U. S. Citizen? (Circle one) Date of Birth Social Security #(Last 4 Digits only) Names of Parent(s) or Guardian(s) Parent's Current Employer Home Address, & Phone Number Student Current Employer (if applicable) List members of your immediate family you live with & ages (include siblings and other family members who reside with you):

|   | e accepted you:                        |   |                         |  |                           |
|---|--|---|-------------------------|--|---------------------------|
|   |  |   |                         |  |                           |
| Major field of stu  | dy:                                    |   | 1                       |  |                           |
| Have you been   | selected for or acce                   | epted any other schol   | arship? (Circle one)    | YES or NO  |                           |
| If was list schol:  | archin(s) with amou                    | unts(s):  |                         |  |                           |
| ii yes, iist schola   | arsinp(s) with amot                    | unts(s)   | Santa                   | 1 4.80.5   | N. Line                   |
|   |  |   |                         | <del></del>  |                           |
| Have you been   | awarded or accepte                     | ed any other financial  | aid? (Circle one)       | YES or NO  | )                         |
| If yes, list source   | e(s) with amount(s)                    | ): <u></u>  | 12                      |  |                           |
|   | ACADEMIC INFo                          |   | alary, wages, tips, soo | cial security, disability, cl                                | nild support, alimony, et |
|   | <u>Self</u>                            | <u>Spouse</u>   | <u>Guardian</u>         | <u>Guardian</u>  |                           |
|   |  | (if married)  | <u>or Father</u>        | or Mother  |                           |
|   | \$                                     | \$  | \$                      | \$   |                           |
|   | nic honors or award                    | i <u></u> kildi   | ior and/or Senior yea   |  | ries (use separate sheet  |
| needed):  | nic honors or award                    | s received in your <u>Jun</u>   | iior and/or Senior yea  | \$   |                           |
| needed):  | nic honors or award                    | s received in your <u>Jun</u>   | iior and/or Senior yea  | \$<br>ars. Do not duplicate ent<br>to which you belong, and  |                           |
| needed):<br>List any clubs/or   | nic honors or award                    | s received in your <u>Jun</u><br>urricular activities (sc                           | iior and/or Senior yea  | \$<br>ars. Do not duplicate ent<br>to which you belong, and  |                           |
| needed):<br>List any clubs/or<br>Junior and/or Se                     | rganizations/extrac                    | s received in your <u>Jun</u><br>urricular activities (sc<br>duplicate entries (use | hool or community) t    | \$ ars. Do not duplicate ent to which you belong, and eded): | d offices held in your    |
| needed):<br>List any clubs/or<br>Junior and/or Se<br>List current and | rganizations/extrac                    | s received in your <u>Jun</u> urricular activities (sc duplicate entries (use       | hool or community) t    | \$<br>ars. Do not duplicate ent<br>to which you belong, and  | d offices held in your    |
| needed):<br>List any clubs/or<br>Junior and/or Se<br>List current and | rganizations/extracenior years. Do not | s received in your <u>Jun</u> urricular activities (sc duplicate entries (use       | hool or community) t    | \$ ars. Do not duplicate ent to which you belong, and eded): | d offices held in your    |
| needed):<br>List any clubs/or<br>Junior and/or Se<br>List current and | rganizations/extracenior years. Do not | s received in your <u>Jun</u> urricular activities (sc duplicate entries (use       | hool or community) t    | \$ ars. Do not duplicate ent to which you belong, and eded): | d offices held in your    |

<sup>\*\* (</sup>Copies/links of published articles/pictures pertaining to these are helpful and may be used for publication if chosen as a winner)



| Signature of Applicant          |  | Date: |      |
|---------------------------------|--|-------|------|
|                                 |  | 13.55 | ne = |
| Signature of Parent or Guardian |  | Date: |      |

Questions about this application? Email pike@alconservationdistricts.org OR call (334) 566-2300 EXT. 3

Below or on a separate sheet of paper, please type a <u>brief</u> paragraph telling us why you are applying for this scholarship. (Spelling and Grammar do count)



## TO BE COMPLETED BY COUNSELOR:

| Name of student:            |            |                     |  |      |  |
|-----------------------------|------------|---------------------|--|------|--|
|                             |            |                     |  |      |  |
| School:                     | Phone No   |                     |  |      |  |
|                             |            |                     |  |      |  |
| School Address:             |            |                     |  |      |  |
|                             |            |                     |  |      |  |
|                             |            |                     |  |      |  |
|                             |            |                     |  |      |  |
|                             |            |                     |  |      |  |
| Overall grade point average |            |                     |  |      |  |
|                             |            |                     |  |      |  |
| ACT Score                   | (Please at | tach copy of proof) |  |      |  |
|                             |            |                     |  |      |  |
|                             |            |                     |  |      |  |
|                             |            |                     |  |      |  |
|                             |            |                     |  |      |  |
|                             |            |                     |  |      |  |
| Signature of Counselor:     |            |                     |  |      |  |
|                             |            |                     |  |      |  |
| Printed name of Counselor:  |            |                     |  |      |  |
| a.,,1644 <b>.,</b> ,16      | 84 9 4     | Hall Light Cont     |  | K. Y |  |
| Date:                       |            |                     |  |      |  |



## RECOMMENDATION FORM: TO BE COMPLETED BY PERSON WRITING LETTER OF RECOMMENDATION

| Student's Nar  | ne  |   |
|----------------|---|---|
| (Please Type o |   |   |
|                |   |   |
| Recommende     | d By                                      |   |
| I have known   | this student as: (check all applicable ar | reas)   |
|                | A member of a class which I teach         |   |
|                |   | or other school function with which I am associated |
|                | A worker under my supervision             |   |
|                | Other (and/or comments)                   |   |
| n din          |   |   |
| Indicate your  | recommendations in the following area     | s and add any comments you feel applicable.         |
|                | <u>Scholarship</u>                        | Leadership/Citizenship                              |
| 0              | Highly Recommend                          | Highly Recommend                                    |
|                | Recommend                                 | Recommend   |
|                | Do Not Recommend                          | Do Not Recommend                                    |
| <u> </u>       | Do Not Know                               | Do Not Know   |
| Comments:      |   |   |
| * · ·          |   |   |
| . idalia       |   |   |
| Signature:     |   | Date:   |

Return this form to Pike County Conservation District, pike@alcosnervationdistricts.org



## RECOMMENDATION FORM: TO BE COMPLETED BY PERSON WRITING LETTER OF RECOMMENDATION

| Student's Nar  | ne                            |               |                                    |                |
|----------------|-------------------------------|---------------|------------------------------------|----------------|
| (Please Type o |                               |               |                                    |                |
| Recommende     | d By                          |               |                                    |                |
|                |                               |               |                                    |                |
| I have known   | this student as: (check all a | applicable ar | eas)                               |                |
|                | A member of a class wh        | ich I teach   |                                    |                |
|                | A participant in a club       | committee o   | r other school function with which | Lam associated |
|                |                               |               | r other school function with which |                |
|                | A                             |               |                                    |                |
|                | A worker under my sup         | ervision      |                                    |                |
| 3 3 303 30 3   | Other (and/or commen          | ts)           |                                    |                |
|                |                               |               |                                    |                |
| Indicate your  | recommendations in the fo     | llowing area  | s and add any comments you feel a  | applicable.    |
|                | Scholarship                   |               | Leadership/Citizenship             |                |
|                | <u>Scholarship</u>            |               | <u>Leader strip/ ettizetistrip</u> |                |
|                | Highly Recommend              |               | Highly Recommend                   |                |
|                | Recommend                     |               | Recommend                          |                |
|                |                               | //            |                                    |                |
|                | Do Not Recommend              |               | Do Not Recommend                   |                |
| 1              | Do Not Know                   |               | Do Not Know                        |                |
| Comments:      |                               |               | .9                                 |                |
| _              | A                             |               |                                    |                |
|                | 4                             |               | 1                                  |                |
|                |                               |               |                                    |                |
| Signature:     |                               |               | Date:                              |                |

Return this form to Pike County Conservation District, pike@alcosnervationdistricts.org