

**JODI SHILLING MEMORIAL VOLLEYBALL SCHOLARSHIP
APPLICATION FORM
Due March 15th**

Applicants must be graduating seniors enrolled in a higher educational institution to further their career goals. Must have a minimum GPA of 2.50 on a 4.00 scale, strong moral character, responsible work ethic, and participation in community and/or extracurricular activities. Financial need may be considered. Applicant must be graduating from a high school located in Wayne County, Ohio or Hillsdale Local Schools located in Jeromesville, OH, and have participated in volleyball for all four years of high school. Applicants must complete full application, including the attached Volleyball Coach Recommendation Form and Teacher/Guidance Counselor/Principal Recommendation Form, and a copy of your most recent transcript.

Name of Student _____

Home Address _____ City _____ Zip _____ County _____

Home Phone (____) _____ Email Address _____

High School Attended _____

Name of Parent(s) / Guardian(s) _____

Combined Income Range of Parents/Guardians (Check One):

☐ Below \$25,000 ☐ \$25,000-\$50,000 ☐ \$50,000-\$75,000 ☐ \$75,000-\$100,000 ☐ Over \$100,000

Total Number of Siblings _____ Number Living at Home _____

Extra-Curricular Activities: please list any extra-curricular activities in which you have participated, in order from greatest interest to lesser interest. Use additional paper if necessary. _____

Leadership Experience: Please summarize your leadership experiences in school, church, and/or community activities. Report participation, special leadership roles, and recognitions. Use additional paper if necessary. _____

Have you been employed during high school? ☐ Yes ☐ No If yes, list job(s) held, including summer and part-time jobs: _____

College or University You Plan to Attend _____

Intended Major / Area of Study _____

Employment or Career Goal _____

Include copy of high school transcript with application and mail NO LATER THAN March 15th to:

Jodi Shilling Memorial Volleyball Scholarship, c/o Wayne County Community Foundation
517 N Market Street, Wooster, OH 44691

Note: If you are a recipient of this scholarship, through the Wayne County Community Foundation, all monetary awards will be made payable to your account at the post-secondary school you will be or are attending. Unless otherwise stated, checks will be issued in July, prior to the new school year. No checks will be awarded directly to any individuals.

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Name of Student _____

Why did you choose to to be on the volleyball team for all four years of high school? _____

In short, please describe how has volleyball impacted your life and how will it assist you in making future choices.

What is your career choice and why have you chosen this as a career? _____

How will this scholarship be of assistance to you? _____

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Name of Student _____

Please initial that the applicant meets each of the following:

_____ Participated on a high school volleyball team all four (4) years, not necessarily on the varsity team all four years.

_____ Coachable; follows directions.

_____ Cheers on other players – on and off the floor.

_____ Wins humbly.

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Name of Student _____

Please provide any information that would prompt you to recommend this student. Include any observations that would reflect on a strong moral character consisting of integrity, honesty, and a positive example for other students.

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