



## Lexington Minuteman Academic Scholarship

The Lexington Local School District, along with Lexington High School, is offering one \$2,000 and three \$1,000 scholarships to graduating Lexington High School or Pioneer Career and Technical Center seniors who have demonstrated an outstanding academic record, participated in school related activities, and have provided service to the community. The purpose of these scholarships are to offset costs associated with college or continuing education. Scholarships will be awarded following the successful completion of the 1<sup>st</sup> semester of college/continuing education. A grade card or transcript will be required for verification.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Which school do you currently attend? Lexington High School: \_\_\_\_\_ PCTC: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Weighted GPA: \_\_\_\_\_ as of \_\_\_\_\_

Class Rank: \_\_\_\_\_ as of \_\_\_\_\_

Signature of Counselor for Verification: \_\_\_\_\_

What university/college/technical school do you plan to attend?

\_\_\_\_\_ Have you applied? \_\_\_\_\_

What is your intended major? \_\_\_\_\_

What are your career goals?

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

List the school activities in which you have participated:

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List your work experience:

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List the non-school community, volunteer, or service activities in which you have participated:

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Along with this application, please submit a letter, no longer than one page in length, describing why you believe you should be considered for this scholarship. **If you do not submit this letter your application will not be considered.**

In addition, please submit a teacher recommendation using the attached form.

**Return this application, your teacher's recommendation and your letter to the principal's office at Lexington High School by April 29<sup>th</sup>, 2016.**

## Lexington Minuteman Academic Scholarship

Please evaluate this student as to his/her academic performance, leadership qualities, service activities, contributions, and personal character.

Student Name: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

In what capacity have you know the student? \_\_\_\_\_

Please print your recommendation legibly in the space provided below or attach a separate paper.

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I certify that the recommendation provided above is complete and accurate.

\_\_\_\_\_  
Teacher Name

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Contact Number and Date

\_\_\_\_\_  
School Title and High School Name