WILLIAM BARR EDUCATOR SCHOLARSHIP
Sponsored by the Sheffield-Sheffield Lake Teachers’ Association

- Application form is available from the Brookside Guidance Office Website
- Must be a Senior scheduled to graduate from Brookside High School
- Must have been accepted to a post high school educational program/show reasonable proof of acceptance to post high school education
- Must have a 2.5 or better GPA after the first semester of the senior year of high school
- Must show degree of involvement in high school or community activities
- Must be interested in majoring in education or another human services field (nursing, psychology, social work, physical therapy, etc.)

Applicants in need of additional information or clarification should contact Alicia Miller, Chair of the Scholarship Committee for the Sheffield-Sheffield Lake Teachers’ Association, at amiller@sheffield.k12.oh.us

NOTE: One $500 scholarship

DUE: Friday, March 27, 2015 at 3:00 p.m.
WILLIAM BARR EDUCATOR SCHOLARSHIP
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APPLICANT’S NAME
Last Name ____________________________________  First Name ____________________________________
Address ______________________________________________________________________________________
Phone No. ____________________________________________

PARENT/GUARDIAN NAME:
Mother____________________Father________________________Guardian__________________
Occupation_______________________  __________________________               __________________
Where
Employed_______________________  __________________________               __________________
How long_______________________  __________________________               __________________
Are you living with your family?  Yes ________  No _______

Date of Birth ____________________________  Age_________Male_________Female_________
Day _______Month _______Year____________
Place of Birth________________________________________________________
City __________________________ State________________________
High School Grade Point Average: _______________________________________
Have you accepted any other scholarship or financial aid?  Yes _____  No _____ Pending _____

What college do you plan to attend?__________________________________________
Name of College _________________________________________________________
Location _______________________________________________________________________

To what colleges have you applied?__________________________________________
Name(s) of College(s) _______________________________________________________

What area of study do you plan as your major in college? ________________________

List Brothers and Sisters:
Name__________________Age__________  Attending College? Yes_____  No_____
_______________________Age________________________               __________________
_______________________Age________________________               __________________
_______________________Age________________________               __________________
_______________________Age________________________               __________________
Application Essay

The William Barr Educator Scholarship is a scholarship honoring former Sheffield-Sheffield Lake teacher, principal, and superintendent William Barr.

1. As part of the application process, please describe a positive education experience that you have had in the Sheffield-Sheffield Lake City Schools.

**Essay should be typed and attached to this application.**

2. Provide proof of acceptance to college.

3. Provide a copy of transcript.

4. Please list school and community activities in which you have been involved. Be sure to list any offices held or special awards received. *(Please type this information.)*

5. Express the reason for financial need. *(Please type this information.)*

6. Are you planning on majoring in education or another human services field such as nursing, psychology, social work, physical therapy, etc.? If so, what are you planning on majoring in and what is the reason you are interested in this field? *(Please type this information.)*

Last date completed applications will be accepted by the Guidance Office at Brookside:

**Friday, March 27, 2015 by 3:00 p.m.**

Signature of Student: ___________________________ Date ___________________________

Signature of Parent: ___________________________ Date ___________________________