

**WESTFALL EDUCATION FOUNDATION
DR. PAUL FENTSERMAKER SERVICE SCHOLARSHIP**

The money for this scholarship comes from the annual fundraiser, *A Party with a Purpose*, profit. This scholarship is based on services performed by the applicant.

Dr. Paul Fentsermaker served the Westfall School District as an of the original board member of the Westfall Local School Board over 50 years ago. Prior to serving on the Westfall School Board, he was a member of the Williamsport School Board. He also is a former member of the Pickaway County Health Board. Dr. Fenstermaker, who is a veterinarian, also helped countless 4-Hers throughout his long career. He is a well-respected member of the community and a supporter of the Westfall Schools. Due to his service and integrity, the Westfall Education Foundation thinks it fitting to name one of our service scholarships in his honor. The Dr. Paul Fenstermaker Service Scholarship will be in the amount of \$1,000 and will be given annually to a graduating Westfall student who has shown extraordinary acts of service.

REQUIREMENTS:

Application must be **handwritten neatly in ink and completed in full**. Any failure to do so may result in the application **not** being considered.

Applicant must be a Westfall senior who attends either Westfall High School or Pickaway Ross Vocational School.

Grade Point Average 2.5 or better

Any additional information submitted with the scholarship application will **not** be considered.

Application must be received by **April 4, 2017**.

This grant will be for \$1,000.00

PLEASE RETURN TO WESTFALL GUIDANCE OFFICE BY APRIL 4, 2017

PLEASE RETURN TO THE WESTFALL GUIDANCE OFFICE
BY APRIL 4, 2017 WITH THIS APPLICATION.

PRIVACY ACT ADDENDUM-SCHOLARSHIP APPLICATION

All applicants should review information requested. None of the information is required by law and is therefore disclosed voluntarily. It will be used in considering the application for the scholarship, publicity and related purposes. Not providing all or part of the requested information may result in an application not being fully considered for this award.

AUTHORIZATION TO RELEASE INFORMATION

Except as specified below all personal information contained in my application for the Westfall Education Foundation Service Scholarship may be used by the Westfall Education Foundation for publicity purposes.

EXCEPTIONS: (SPECIFY INFORMATION YOU DO NOT WANT RELEASED)

Certification: I/We certify that all information on this application is true, complete and accurate to the best of my/our knowledge. I/We agree to provide if requested, any other documentation necessary to verify information reported. Any false information will be cause for denial, reduction, or withdrawal of the scholarship offered. I/We pledge that it is the applicant's intention to maintain (school defined) full-time status and complete graduation requirements.

Applicant's Signature

Date

Parent/Guardian Signature

Date

Dr. Fenstermaker Service Scholarship