

## **SCOTT HILES MEMORIAL SCHOLARSHIP**

This scholarship is awarded in honor of the memory of Scott Hiles. Mr. Hiles was a former treasurer for the Westfall Local School District. Although Mr. Hiles was at Westfall for a short period of time, he quickly became a true Mustang. He was often seen at functions and events, supporting students' talents and endeavors.

### **REQUIREMENT:**

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 a 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 award amount will be \$1,000 for a boy and \$1,000 for a girl.

**PLEASE RETURN TO WESTFALL HIGH SCHOOL GUIDANCE OFFICE  
BY APRIL 4, 2017.**

**SCOTT HILES MEMORIAL SCHOLARSHIP**

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

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

Phone #: \_\_\_\_\_

College, University or Technical School will be attending:  
\_\_\_\_\_

Intended Major: \_\_\_\_\_

Total Monetary value of all scholarships and grants received to date: \_\_\_\_\_

Have you been employed while in high school? \_\_\_\_\_

If yes, please list present or last job information:

Name of Business: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone Number of Business: \_\_\_\_\_

In the space provided, briefly explain what your future plans are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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 information contained in my application for the Westfall Education Scott Hiles Memorial 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 awarded. I/We pledge that it is the applicant's intention to maintain(school defined) full-time student status and complete graduation requirements.

\_\_\_\_\_  
Applicant's Signature  
Date

Date

\_\_\_\_\_  
Parent/Guardian Signature

Scott Hiles Memorial Scholarship