

**Name** \_\_\_\_\_

**Parents occupation:** Father: \_\_\_\_\_

Mother: \_\_\_\_\_

**Number of siblings still living at home and their ages:** \_\_\_\_\_

**GPA:** \_\_\_\_\_

**Area of study or vocation you plan to pursue after graduation:**

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**Colleges/Universities you have applied to and have been accepted:**

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**Scholarships you have already received and the amount:**

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**School activities:** Please provide at least five (5) and no more than eight (8) activities or clubs that you participated in during your years at Westfall. Please give a brief description of what your involvement was with the club or activity.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Community activities/volunteer opportunities:** Please describe at least three (3) community activities or volunteer opportunities that that you have participated in during your years at Westfall.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Sport or Band:** Please list the sport or type of band (marching, concert, jazz etc.) you were involved with and number of participating years.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## **2024 WESTFALL EDUCATION FOUNDATION DR. PAUL FENTSERMAKER SERVICE SCHOLARSHIP**

Dr. Paul Fenstermaker 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.

### STUDENT INFORMATION:

The recipient of this scholarship will be a student who demonstrates service to others or their local community. This scholarship is based on services performed by the applicant. The money from this award comes from proceeds of the Foundation's annual fundraiser, *Party with a Purpose*.

REQUIREMENTS: Applications must be **completed in full**. Any failure to do so may result in the application not being considered. The applicant must be a Westfall senior who attends either Westfall High School or Pickaway Ross Vocational School. Grade Point Average must be 2.5 or better. Please return the application and Privacy Act Addendum to [westfalleducationfoundation@westfallschools.com](mailto:westfalleducationfoundation@westfallschools.com) by **APRIL 9, 2025**.

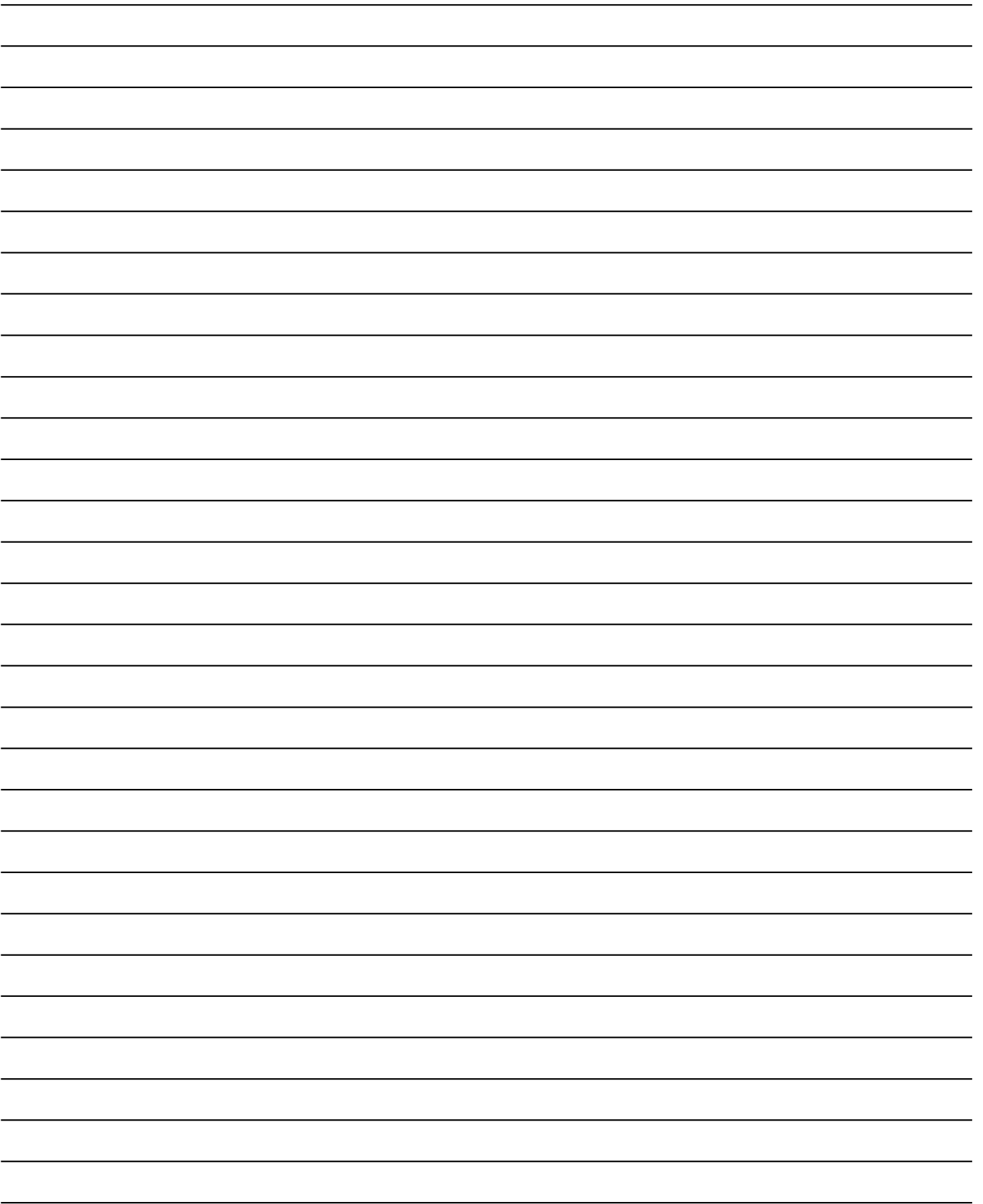
Note to Student Applicants: Please carefully read the application. Also, edit your application for errors. Check your application for completeness before submitting it to [westfalleducationfoundation@westfallschools.com](mailto:westfalleducationfoundation@westfallschools.com). All these elements are important in conveying your message effectively via this application. Any additional information submitted with the scholarship application will **not** be considered. On the reflection question dealing with how your service impacted others, please do not use the same example as on the Westfall Education Foundation Service Scholarship's reflection question if you are completing both.

This non-renewable award will be for \$1,000.00.

**PLEASE RETURN TO [WESTFALLEUCATIONFOUNDATION@WESTFALLSCHOOLS.COM](mailto:WESTFALLEUCATIONFOUNDATION@WESTFALLSCHOOLS.COM)**  
**BY APRIL 9, 2025.**







**PLEASE RETURN THIS FORM WITH YOUR APPLICATION TO THE  
WESTFALLEducationFOUNDATION@WESTFALLSCHOOLS.COM**

**BY APRIL 9, 2025.**

**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 Dr. Paul Fenstermaker 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

**Westfall Education Foundation  
Dr. Fenstermaker Service Scholarship**