

**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. \_\_\_\_\_

## **2025 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.

### **APPLICANT INFORMATION**

This award could possibly be more, but the least amount would be two \$500 awards. This year, \$1,000 non-renewable awards will be given to two students from the Westfall School District to be used in any post-secondary school including technical, vocational, college or university.

**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. Please return this application and Privacy Act Addendum to [westfalleducationfoundation@westfallschools.com](mailto:westfalleducationfoundation@westfallschools.com) by **FRIDAY, April 9, 2025**.

**Note to Student Applicants:** Please carefully read the application. Reflect on the question and respond to it thoughtfully. 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.

**This award amount will be:**

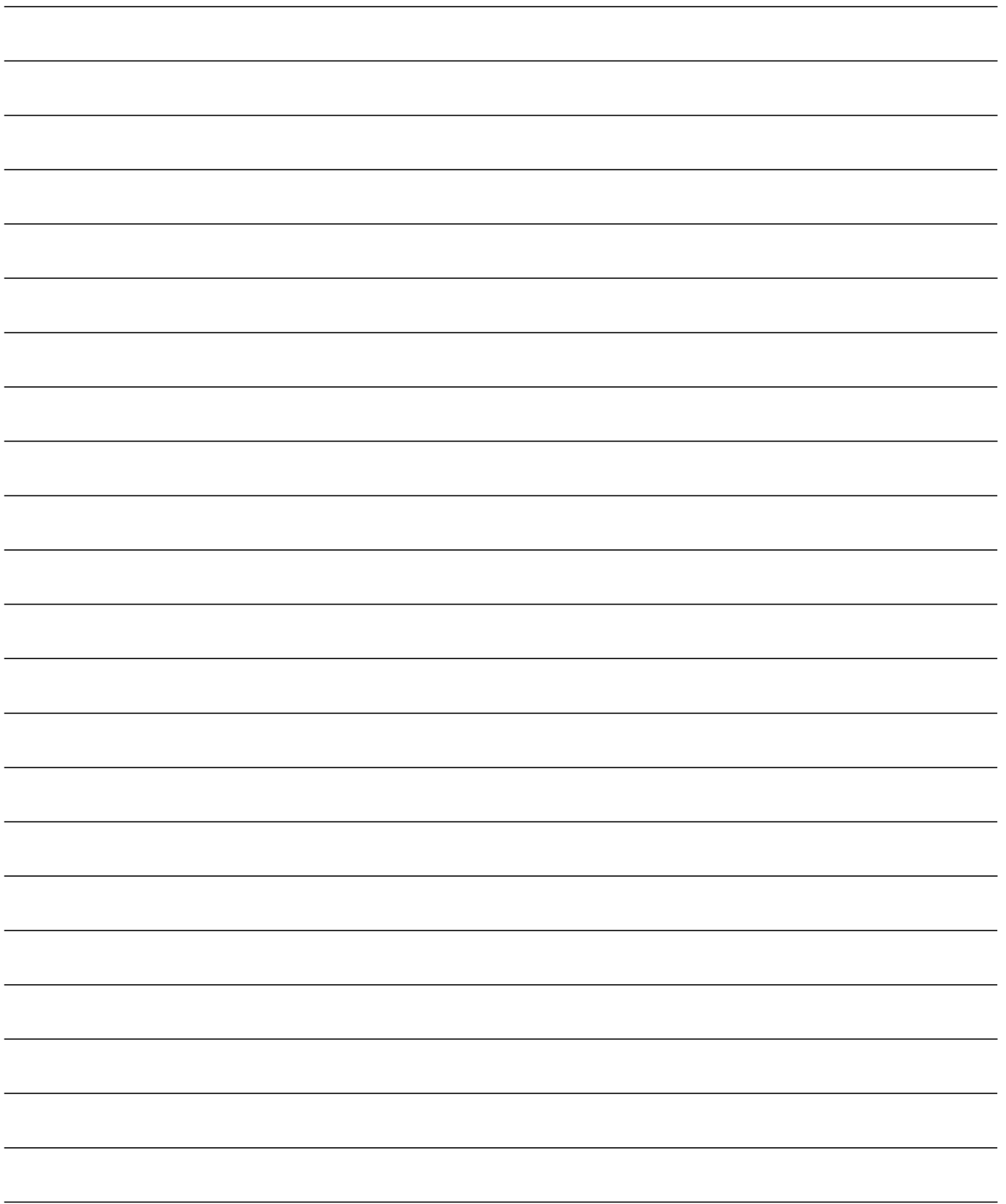
**\$1,000 for a BOY and \$1,000 for  
a GIRL**

**PLEASE RETURN APPLICATION TO:  
*WESTFALLEDCATIONFOUNDATION@GMAIL.COM***

**BY APRIL 9, 2025**







**RETURN THIS FORM WITH THE APPLICATION TO:**

***WESTFALLEducationFoundation@Westfallschools.com***

**BY APRIL 5, 2024**

**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

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

**Scott Hiles Memorial Scholarship**