

## **DELPHIA WARREN LEADERSHIP SCHOLARSHIP**

Each year students from Muskogee County Schools will be given the opportunity to apply for a leadership scholarship of \$500 per semester for a total of eight semesters. The recipients must maintain enrollment in an accredited post-secondary college, university or vocational school that offers associate degrees or higher and maintain a grade point average above 2.5. This is a scholarship program of WaterStone (Tax ID 75-1750059) and is coordinated through Melissa Goodman-Nissley's office in Muskogee, Oklahoma. Recipients are selected by a non-partial selection committee.

### **INSTRUCTIONS FOR APPLYING**

Please read the following points carefully. Failure to comply may be the cause for disqualification. All submissions must be typewritten or neatly printed and in the following order. **All materials MUST be scanned and submitted under one email, sent to warren.whittet.sch@gmail.com.** There is no physical address for mailing materials.

1. Completed Application
2. Personal Statement: 100-300 words, indicating your chosen field of study. How do you see yourself as a leader in your area of aspiration? State your reasons for these choices. Include pertinent experiences, activities and accomplishments.
3. References: three reference letters; one from an educator, one from clergy, and one of your choice such as an employer.
4. Official High School Transcript (Remove transcripts from envelope.)
5. FAFSA: Submit a copy of a free application for Federal Student Aid ([www.fafsa.ed.gov](http://www.fafsa.ed.gov)).

Your application must be emailed no later than March 10 to: **warren.whittet.sch@gmail.com**  
For questions or concerns, text Angie Henry at 918-351-8736.

# DELPHIA WARREN SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address\* \_\_\_\_\_ Phone \_\_\_\_\_

*\*Make certain this email can be used to contact the student now and in the future.*

## GENERAL INFORMATION

Father's Name \_\_\_\_\_ Check if deceased

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Check if deceased

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have a step-parent or guardian other than your parents?  Yes  No

If yes, Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College/University/Vocational School you plan to attend (must offer an Associate Degree or higher)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you been accepted?  Yes  No *If yes, attach copy of acceptance letter.*

**LEADERSHIP POSITIONS AND VOLUNTEER ACTIVITIES**

List by name and year (9, 10, 11, 12) leadership positions/offices held and volunteer activities (school, church, community, etc.) along with the approximate monthly time commitment of each. *Attach a sheet with any additional information that space does not allow.*

Examples: Student council president (12; 2.5 hrs/month); Hospital volunteer (11, 12; 25 hrs/month)

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**MEMBERSHIPS**

List by name and year memberships and other participation along with the approximate monthly time commitment of each. *Attach a sheet with any additional information that space does not allow.*

Examples: Basketball (9, 10, 11; 35 hrs/month); Cheerleading (11, 12; 20 hrs/month)

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**HONORS AND AWARDS**

List by name and year the honors and awards you have received during high school. *Attach a sheet with any additional information that space does not allow.*

Examples: National Merit Scholar (12); National Honor Society (12); Hospital Volunteer of the Year (12)

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**EMPLOYMENT**

List the names and addresses of employers, including family business or self-employment. Indicate whether part-time, summer, or full-time, with the hours you work. *Attach a sheet with any additional information that space does not allow.*

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**SCHOOL CONTACT**

Fill in the following completely with your high school information.

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Principal's Name \_\_\_\_\_

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**SIGNATURES**

I authorize my school officials to give information about my academic records.     Yes     No

To the best of my knowledge, the information presented on this application is complete and true.

\_\_\_\_\_  
Applicant printed name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian printed name

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date