

Due 01-29-2021

## FRANKLIN B. WALTER ALL-SCHOLASTIC AWARD

### SELECTION PROCESS

1. Each application consists of **two** parts:

#### **APPLICATION FORM (To Be Completed By Student)**

- a) Application form completed by student
- b) Activities/awards listed by student
- c) Personal goal statement of the student

#### **CREDENTIAL DOCUMENT (To Be Completed By Guidance Counselor)**

- a) Transcripts of first seven semesters of school
- b) Number of days missed
- c) ACT/SAT scores
- d) Grade point average
- e) Class rank

### **IF YOUR HIGH SCHOOL HAS SEVERAL APPLICANTS, USE THE FOLLOWING GUIDELINES TO DETERMINE THE NOMINEE TO BE SUBMITTED TO SOUTHERN OHIO ESC**

2. Each application must be read and rated by at least **three different reviewers**. After the reviewer has read and rated each of the areas, **the reviewer must initial the application on the bottom right corner of the front page.**
3. Procedures for reviewing applications are as follows:

All applications should be evaluated according to the following scale of one to five with five being the highest rating a student can receive in one area. A perfect score for all five areas will be twenty-five points.

• Activities	possible five points
• Awards	possible five points
• Personal goal statement	possible five points
• Grade point average	possible five points
• ACT/SAT score	possible five points
Total =	possible twenty-five points

**FRANKLIN B. WALTER ALL-SCHOLASTIC AWARD**

**APPLICATION FORM**

**PLEASE TYPE OR PRINT CLEARLY:** (please supply all information to the best of your ability)

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

School District: \_\_\_\_\_

District Superintendent: \_\_\_\_\_

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

High School: \_\_\_\_\_

High School Address: \_\_\_\_\_

High School Principal: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

City School

Local School

Exempted Village

County \_\_\_\_\_

County Educational Service Center: **Southern Ohio Educational Service Center**

Future Plans: College/University attending: \_\_\_\_\_

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

**PLEASE ANSWER THE FOLLOWING ON A SEPARATE SHEET:**

Activities: List extracurricular or community activities including class offices held, student government activities, athletics, music and/or theater, church activities. List the specific year for each item.

Awards: List all awards and honors received, giving specific years and reasons for each item.

Goals: In 500 words or less, discuss your short-term and long-term goals, both professional and personal.

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

**Note: Students, please return your application to your Guidance Counselor no later than 01-29-2021**

**FRANKLIN B. WALTER ALL-SCHOLASTIC AWARD**

**CREDENTIAL DOCUMENT**

**PLEASE TYPE OR PRINT CLEARLY: (please complete all information)**

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

**PLEASE ASSIST THE APPLICANT BY FOLLOWING THE DIRECTIONS BELOW:**

Attach a transcript of grades for the first seven semesters of high school.

List the number of days of school missed this year. \_\_\_\_\_

List the number of days of school missed in the past two years. \_\_\_\_\_

List the applicant's results of scholastic aptitude as indicated by standardized test scores:

Test: \_\_\_\_\_ Score: \_\_\_\_\_

Test: \_\_\_\_\_ Score: \_\_\_\_\_

Applicant's Grade Point Average: \_\_\_\_\_ Class Rank: \_\_\_\_\_

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_ Date: \_\_\_\_\_

**Note: Counselors/Principals forward your high school's Franklin B. Walter nominee application to Southern Ohio Educational Service Center: [shuber@southernohioesc.org](mailto:shuber@southernohioesc.org) no later than February 19, 2021.**