

2021 Scholarship Application Dan Oppenheim Jr. Memorial Scholarship Fund

PERSONAL DATA

Name: _____ Date of Birth: _____
(Last) (Middle) (First)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____

E-mail address: _____ Male ___ Female ___

Parents'/Guardians' Names: _____

Parents'/Guardians' Address (if different from yours): _____

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___
My father is: Deceased ___ Living ___ My mother is: Deceased ___ Living ___

Please write a brief statement explaining why you are applying for The Dan Oppenheim Jr. Memorial scholarship.

ACADEMIC DATA

Name of High School: _____ Year of Graduation: _____

Cumulative GPA: _____ Class Rank (if known): N/A @ VHS

Name of Institution you will be attending: _____
(Please attach letter of acceptance if available)

Will you be a full time _____ or part time _____ student? (Check one)

Why do you want to attend this school? _____

What is your intended field of study? _____

What are your educational and career objectives? _____

ATHLETIC INVOLVEMENT

SCHOOL AND COMMUNITY INVOLVEMENT

List any sports, clubs, organizations, and groups you have been involved in during high school. Organizations should include athletic, academic, civic, religious or social groups.

Freshman Year _____

Sophomore Year _____

Junior Year _____

Senior Year _____

List any varsity letters, awards, honors or recognition received:

Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you?

In your opinion, what would a supervising coach, faculty member, teammate or peer want us to know about you?

FINANCIAL DATA

Total Number and ages of Family Members in Household (including yourself): _____

Number of Family Members in College this year (including yourself): _____

Father's Employer: _____ Job Title: _____

Mother's Employer: _____ Job Title: _____

Estimated Family Contribution:

Parents' Contribution to college expenses (from income and assets) \$ _____

Student Contribution (from job and/or savings) \$ _____

Other Contributions (e.g. relatives; please specify) _____ \$ _____

Total Contributions \$ _____

First year college tuition and expenses \$ _____

Have you applied for and do you plan to receive other forms of financial aid at this time

___ yes ___ no

Do you plan to work during the school year? _____

If there are special financial circumstances which will affect your education, please describe:

Please provide names and telephone numbers of three references the committee could contact regarding the applicants character, academic potential or community involvement (from individuals other than family members).

Please attach a letter of recommendation from a faculty member or coach outlining his or her reasons why you should be considered for this scholarship.

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

(Signature of Applicant)

(Signature of Parent/Guardian)

(Date)

**Return completed application and letter of recommendation
by Friday, March 26, 2021 to:
Polly Maly
Counseling Center Secretary/Valley High School**