

2020

## Clair Leibhart Scholarship Application

The Clair Leibhart Scholarship is a one-time scholarship given by the Leibhart family but will be administered by The Fort Morgan Retired School Employees Association. The scholarship is designed for students planning to attend an institution of higher learning which may be a 2 or 4 year college. This scholarship will be given to a student going into education. This is a \$1,000.00 scholarship.

In choosing the scholarship recipient, consideration shall be given to scholastic achievement, character, personality, qualities of leadership, and ability to communicate in written and oral forms. No financial statement is required, but financial need will be a consideration.

All graduating seniors of either the Fort Morgan High School or Lincoln High School will be eligible for consideration regardless of race, creed, color, or religious preference upon receipt of proper application.

### Application Procedure

1. The application should contain:
  - a. Application form
  - b. Personal typewritten letter outlining goals and objectives for the future.
  - c. One letter of recommendation written by an adult familiar with your career goals.
  - d. Official transcript of high school courses and grades.
2. Deliver completed scholarship application to: Dencia Kudron in the Fort Morgan High School Counseling Office or to: Michael Hotz, Lincoln High School Counselor at Lincoln High School, on or before **April 1, 2020.**  
Michael Hotz e-mail: [Michael.Hotz@morgan.k12.co.us](mailto:Michael.Hotz@morgan.k12.co.us)



3. Applicants selected as finalists will be invited for a personal interview on or before **April 15, 2020**. At this time the applicant will be asked questions regarding strengths/weaknesses, past honors and future expectations.
4. Questions concerning the scholarship or application should be directed to Virginia Shaver, 970-324-5094 (cell), or e-mail: [v.shaver1947@outlook.com](mailto:v.shaver1947@outlook.com)

## 2020 Clair Leibhart Scholarship Application Form

**Name** \_\_\_\_\_  
                                    **Last**                                    **First**                                    **Middle**

**Address** \_\_\_\_\_  
                                    **Street**                                    **City**                                    **County**                                    **Zip**

**Telephone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

List any activities, organizations, offices, committees, and honors that have been important to you (attach additional sheet if necessary).

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Check one statement below, which indicates your financial ability to attend the institution of your choice:

- \_\_\_\_\_ will NOT be able to attend college without financial aid
- \_\_\_\_\_ will probably attend college BUT will need some financial aid
- \_\_\_\_\_ will be able to attend college WITHOUT financial aid

Name two individuals, other than relatives, who may be contacted that would serve as personal references for you:

Name \_\_\_\_\_

Position or title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Position or title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_