



SAMUEL LEROY AND FLORENCE B. SHELLABARGER SCHOLARSHIP

2025 Application

Scholarship Background

This memorial scholarship provides financial assistance to graduating seniors of Covington High School in Covington, OH who are in the top 20% of their graduating class.

Eligibility Criteria

- Candidates must be a graduating senior of Covington High School in Covington, OH
- Candidates must be U.S. Citizens
- Candidates must be in the top 20% of their graduating class
- Candidates must be pursuing post-secondary education at an accredited public or nonprofit independent, four-year college or university, full-time, in Ohio
- Candidates must pursue a degree in science (chemistry, physics, mathematics, computer science, biology, etc.), engineering, business, medicine, or education.

Award Amount

Two \$2,000 scholarships

Deadline

March 1, 2025

Send COMPLETE Applications to:

Guidance Office
Covington High School
Laura Ayers

Application Requirements

Return documents listed below in ONE envelope on or before deadline.

<input type="checkbox"/> Page 1	Cover Sheet	This shows that all boxes are checked to ensure all documents are included.
<input type="checkbox"/> Page 2	Application Form	Contact and College/University Information.
<input type="checkbox"/> Attachment 1	Essay	See application form for more information.
<input type="checkbox"/> Attachment 2	Community Service Activity List	Include community service from municipal, church, or other organizations.
<input type="checkbox"/> Attachment 3	FAFSA Submission Summary	This is the form you receive when you complete the Free Application for Federal Student Aid. All pages are required.
<input type="checkbox"/> Attachment 4 & 5	Two Letters of Recommendation	<ol style="list-style-type: none">1. High school faculty member who is currently not serving on the selection committee2. Community service organization representative

Applications are considered INCOMPLETE until all pages and attachments have been received.





SAMUEL LEROY AND FLORENCE B. SHELLABARGER SCHOLARSHIP

2025 Application

Student Contact Information

Name:

☐ Mr. ☐ Ms. _____
First Name Middle Initial Last Name

Address: _____
Street

City State Zip

Phone: _____ / _____ Date of Birth: _____
Area Code Month /Day/Year

Email Address: _____

College/University Plans

College/University Name: _____

College/University City: _____ State: _____

Planned Major or Course of Study: _____

Plan to attend college: ☐ Full-time ☐ Part-time

Have you been admitted: ☐ Yes ☐ No ☐ Waiting to hear back

Essay

Choose one of the prompts below and respond in 500 words or less:

- Choose a life experience and explain how it has influenced your development.
- Choose a person you admire and explain how their example has influenced your development.

