

The Jerome B. Schmitt Scholarship has been created by WesBanco in memory of the bank's executive vice president and president of the Community Foundation for the Ohio Valley board of trustees. Schmitt joined WesBanco in 1972, the same year the Community Foundation for the Ohio Valley was established in Wheeling. Schmitt was a graduate of both West Liberty and Ohio University.

The fund will provide scholarships to students attending West Liberty University seeking a degree from the Gary E. West College of Business. The scholarship shall be awarded in two equal amounts with half in the first semester and half in the second semester. Recipients may reapply and must complete the application process. Preference will be given to students from Brooke, Ohio, Marshall, Wetzel and Tyler counties in West Virginia and Jefferson and Belmont counties in Ohio. Preference will also be given to children or grandchildren of WesBanco employees.

**Eligibility Requirements:**

- ☐ Maintain a cumulative GPA of 2.5
- ☐ Graduate of a high school community in which there is a WesBanco Branch
- ☐ Exhibit financial need

**APPLICATION DUE BY MARCH 1, 2019 TO CFOV – 1310 MARKET STREET, WHEELING, WV 26003**

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**STUDENT INFORMATION**

Name: \_\_\_\_\_

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

What county do you live in? \_\_\_\_\_ US Resident? ☐ Yes ☐ No

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

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

Occupation(s): \_\_\_\_\_

Do you have a parent or grandparent employed by WesBanco? ☐ Yes ☐ No

Is yes, please indicate name and relationship: \_\_\_\_\_

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**ACADEMIC INFORMATION**

Name of High School/College: \_\_\_\_\_

Counselor/Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Do you attend or plan to attend West Liberty University? ☐ Yes ☐ No

*\*this scholarship is for the benefit of students attending the Gary E. West College of Business at WLU*

Have you been accepted? ☐ Yes ☐ No Will you be full-time? ☐ Yes ☐ No

What major do you plan to pursue? \_\_\_\_\_

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Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. ***DO NOT INCLUDE ATTACHMENTS.***

[illegible]

## Financial Form

This scholarship is intended to benefit a student who has demonstrated financial need. In order to assist the selection committee in honoring the donor's wishes, please attach the following to your application:

**Documentation:**

Please include the page of the FAFSA Student Aid Report that provides your Expected Family Contribution (EFC). This is the **ONLY** page you need. Please do not include the full Student Aid Report or copies of tax returns.

If you wish, you may include a supplementary statement explaining circumstances that may impact financial need that are not apparent from the above financial information. For example, contributions expected/not expected from a non-custodial parent, educational expenses of siblings, medical expenses, etc.

**Certification:**

I (we) certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of the Community Foundation for the Ohio Valley, Inc. I (we) agree to give documentation for the information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving aid.

Applicant Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

## Academic Certification Form

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor. Be sure to have the appropriate section completed on your behalf!

### ***High School Applicants***

**Submit this form to your counselor for completion, be sure the reported information includes the first semester.**

Student's Name: \_\_\_\_\_  
School: \_\_\_\_\_

Current Class Rank: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_

#### **SAT Scores (single test date)**

Date of Test: \_\_\_\_\_  
Verbal: \_\_\_\_\_  
Math: \_\_\_\_\_  
Combined: \_\_\_\_\_

#### **ACT Scores (single test date)**

Date of Test: \_\_\_\_\_  
English: \_\_\_\_\_  
Math: \_\_\_\_\_  
Reading: \_\_\_\_\_  
Science: \_\_\_\_\_  
Composite: \_\_\_\_\_

Person completing this form: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***College Applicants***

***To be completed by advisor or qualified college/university/program representative***

Cumulative GPA: \_\_\_\_\_ Full-time Status: ☐ Yes ☐ No  
Is the applicant in good standing? ☐ Yes ☐ No

College/University/Program: \_\_\_\_\_ Major or area of study: \_\_\_\_\_

\_\_\_\_\_  
Signature of Representative and Title

\_\_\_\_\_  
Email Address of Representative