

# Lucille Warner Memorial Scholarship

## To Applicants and Parent/Guardians:

The Lucille Warner Scholarship is offered to graduating seniors who are interested in continuing their education in either elementary education or healthcare field. Lucille Warner was an elementary teacher in the Monticello Community School system for 40 years when she retired in 1990. Lucille understood the importance for students to continue their education past high school.

This scholarship ranges from \$250-\$500. The presentation of the award is made at Senior Honors Night and is presented by the Lucille Warner Scholarship Committee.

Additional information about this scholarship:

1. The scholarship selection is made by the Lucille Warner Scholarship Committee.
2. Minimum grade point of 3.0 is required.
3. The scholarship winner(s) will be selected on their achievements and goals. The recipient will show strong positive character and willingness to achieve success in their field of study.
4. Financial need.
5. The recipient may attend a 2- or 4-year program at a college, university or technical school in the fields listed above.
6. Scholarship funds will be released after the student has presented a school bill or enrollment form to the Monticello School District Foundation for payment.
7. The scholarship will lapse if the recipient fails to enroll at the beginning of the first semester in which the award was made or fails to remain in the school of choice.
8. If the recipient is not eligible to receive the award or does not make claim to the award at the beginning of the first semester following graduation, the award will be rescinded and no money will be given.
9. Selection of the recipient will be made without the discrimination as outlined in the Monticello Community School Districts Board policy.

# Lucille Warner Memorial Scholarship Application

*Type of computer process your application.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

ACT Score \_\_\_\_\_ or SAT Score \_\_\_\_\_ Class Rank \_\_\_\_\_ out of \_\_\_\_\_ GPA \_\_\_\_\_

What university, college or tech school will you attend? \_\_\_\_\_  
\_\_\_\_\_

List three references not related to you who would give you a recommendation if asked. One of these individuals must write a recommendation to be turned in with this application:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Describe your educational plans for next school year. Include major or program and date of entry. Also, explain why you are in need of this financial assistance:

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On a separate sheet of paper, write two or more paragraphs describing your interest in elementary education or medical field, and your career goals.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Applicant)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

Please return this application to the Guidance Office by March 31, 2017.