

<p style="text-align: center;">Calvin College Freshman Scholarship Offered by the Rochester Chapter of the Calvin College Alumni Association</p>

About the Scholarship

The Rochester, NY Chapter of the Calvin Alumni Association is pleased to accept applications for its 2008 Chapter Scholarship. Through the contributions of area alumni and matching funds provided by the Calvin Alumni Association, the Chapter will award one or more scholarships to prospective Calvin College freshmen. Scholarship(s) in the amount of \$250 to \$750 will be awarded based on the information presented. The number and amounts of awards are also dependent on Scholarship funds available. The 2008 scholarship(s) will be awarded in April 2008.

Selection Criteria

The Rochester Chapter Scholarship Committee will select the recipient(s) based on the following criteria:

- The student must be from the Greater Rochester area
- The award is primarily academic in nature
- In addition, consideration will be given to:
 - Christian character and service
 - Extra-curricular activities

Application Instructions

The application deadline is **March 14, 2008**. Each applicant must ensure that the Scholarship Committee receives the following information by the deadline:

- The completed application form
- Completed references from Pastor/Youth Leader and Teacher/Counselor
- Transcript of grades (may be a copy of an official transcript)

Note: It is the responsibility of each applicant, not the Committee, to be sure that all parts of the application are submitted by the deadline. No late or incomplete applications will be considered.

Send completed application and direct any questions about the application process to:

Linda Cieminis
167 Baxton Circle
Rochester, NY 14625
(585)671-8735

Calvin Alumni Association—Rochester, NY Chapter
Application for Freshman Scholarship to Calvin College

Personal Information:

Name: _____

Address: _____

_____ (_____) _____
city state zip code home phone

Name of Parent(s) or Guardian(s): _____

Pastor's name _____

Church: _____ (_____) _____
Phone number

Educational Background:

High School: _____

Address: _____

School Phone: (_____) _____ Dates attended: _____

Name of high school counselor: _____

High school cumulative GPA: _____ Is your GPA weighted or unweighted? _____

SAT score: _____ ACT score: _____

College Plans:

Why do you wish to attend Calvin College?

What course of study do you think you will major in at Calvin? What career goals do you have at this point?

Do you plan on attending Calvin College in the fall? (check one) Yes ___ Uncertain ___
If uncertain, please explain.

Activities and Achievements:

Answer the following questions on another sheet of paper and submit with this application form. Please be complete, but also as brief and concise as possible. You may submit an activities resume' if you have one prepared.

1. Please list the extra-curricular activities and volunteer/service projects in which you have participated during high school.
2. Please list your achievements and the honors that you have received.
3. Please list the church or other non-school related activities in which you have participated during your high school years.
4. Please list and briefly describe your work experience during your high school years.
5. Provide any other information or special circumstances that you believe the committee should consider.

References: List two people from whom you are requesting references. Include your pastor/youth group leader/Sunday School teacher and a high school teacher/counselor.

Name: _____ Phone (____) _____
Address: _____ Occupation _____

Name: _____ Phone (____) _____
Address: _____ Occupation _____

I verify that all the information in this application is accurate. The committee will keep information provided in this application confidential. Scholarship awards will be decided by late April. All decisions of the committee will be final. You will be notified by phone and/or mail of the committee's decision.

Signed _____ Date _____

Pastor/Youth Leader's Evaluation Form
Calvin Alumni Association—Rochester, NY Chapter
Application for Freshman Scholarship to Calvin College

Applicant's Name _____

The above student is applying for a freshman scholarship to Calvin College. Your help in providing an accurate evaluation of the applicant for this scholarship is valuable in making the award decision. Thank you for your time and effort preparing it. Please give an evaluation of the student and return this form (or submit the requisite information in any manner convenient to you—signed, please) directly to the scholarship coordinator specified below. **This form must be received no later than March 14, 2008.**

Linda Cieminis
167 Baxton Circle
Rochester, NY 14625
ciemini@frontiernet.net

Personal Character:

Christian Commitment:

Other Comments:

Name _____ Position _____

Signature _____ Date _____

Teacher or Counselor's Evaluation Form
Calvin Alumni Association—Rochester, NY Chapter
Application for Freshman Scholarship to Calvin College

Applicant's Name _____

The above student is applying for a freshman scholarship to Calvin College. Your help in providing an accurate evaluation of the applicant for this scholarship is valuable in making the award decision. Thank you for your time and effort preparing it. Please give an evaluation of the student and return this form (or submit the requisite information in any manner convenient to you—signed, please) directly to the scholarship coordinator specified below. **This form must be received no later than March 14, 2008.**

Linda Cieminis
167 Baxton Circle
Rochester, NY 14625
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Student's Abilities: Please rate the following factors:

	Low		Average		High
Academic Ability	1	2	3	4	5
Personality	1	2	3	4	5
Leadership Ability	1	2	3	4	5

Personal Character: Please comment on the student's character as evidenced in her/his behavior and work ethic in your class(s) or during her/his high school years, in general.

Educational Goals: Please comment on the student's college major and estimate his/her success in college.

Remarks: Please share anything else you think the committee should consider in their evaluation.

Name _____ Position _____

Signature _____ Date _____