## The Bob Shanks Outstanding Youth Scholarship Award

### **PREAMBLE**

The Bob Shanks Outstanding Youth Scholarship Award, an endowment fund, was established in honor of Robert B. Shanks whose enthusiastic leadership, advice and friendship was an inspiration to the youth in Highland County. The object of the award is to assist youth students who have been active in any of the following Highland County Junior Fair organizations: Farm Bureau youth, 4-H, FFA and Family Career Community Leaders of America (FCCLA).

**SCHOLARSHIP AMOUNT:** \$1,000.00. In the event the accumulated income exceeds \$1,000.00, the excess amount shall be accumulated until a second or more scholarship in the amount of \$1,000.00 can be awarded.

### **QUALIFICATIONS OF APPLICANTS:**

- 1. Applicant must be a member of one of the organizations set forth in the preamble.
- 2. Applicant must be a resident of Highland County, Ohio.
- 3. Applicant must be a enrolled as a student in a four-year college or university program or in a two-year college program or senior in one of the high schools in Highland County, Ohio or a vocational school.
- 4. Applicant must be continuing his/her education with an above average scholarship standing.
- 5. Scholarship monies will be paid to the educational institution or the recipient.

**SELECTION:** Selection of the final applicant(s) will be made by a Scholarship Selection Committee consisting of the Probate Judge of Highland County, County Agent for Highland County, President of Highland County Farm Bureau Board, and an agriculture vocation teacher in Highland County, Ohio.

#### **APPLICATIONS**

Scholarship applications will be available at the Highland County Extension Office after May  $1^{st}$  of the year the scholarship is to be awarded.

#### DEADLINE FOR SUBMITTING APPLICATIONS

The deadline for submitting applications each year is the last Thursday of July. The applications should be mailed or delivered to: Highland County Extension Office, 119 Governor Foraker Place, Suite 202, Hillsboro, OH 45133.

# **Application for Bob Shanks Outstanding Youth Award**

Instructions: Application is to be completed by applicant. Answer questions completely. Please type or print clearly. (Use extra pages where necessary.)

Personal Information			
Name		Date of Birth _	
Permanent Address			
City			
Name of organization or organiz	zations of which y	ou are a member	
Your Family			
A. Father's full name			
Address			
Mother's full name			
Address			
B. Married Applicants:			
Spouse's name			
Spouse's occupation			
Number of dependents			
Means of Support			
Mother and/or Father	Spouse	Self	
Other			
Have received			Scholarship

## **Education**

Your Schooling: List in chronological order high school(s) and college(s) attended. (Attach an official transcript of grades from your two most recent years of education.)		
School/College	Location	Date of Attendance
Current year in school:		
Field in which you are maj	oring or plan to major:	
	ecific. Give reasons why this ek to others in service to the pr	s is your goal, and what you hope rofession/community, etc.)
College/University you pla	n to attend or are attending	
List any scholastic distinct	ion or honors you have won	

## **Leadership**

<u>List your high school/college activities and leadership roles</u> Give office held for each activity. Choose one leadership experience and describe what you learned about yourself as a leader and how you will make use of this experience at you grow and develop.				
Community Participation/Work Experiences: List the various community activities in which you have participated and leadership roles you have held. (In one organization or project, describe how you grew in depth from your first experience to the last experience e.g. how did your behavior change.)				
List your work experiences and leadership roles you have held.				

Organization		
	ation and leadership roles in t	he organizations of which you
are a member.		
List past and present particip	ation and leadership roles in a	ny other organization.
D 6		
References		
Name	Address	Occupation
Name	Address	Occupation
Signature of applicant		Date
Signature of parent		Date

# **Bob Shanks Outstanding Youth Award Personal Reference Form**

Candidate's Name
As we evaluate potential candidates for the Bob Shanks Outstanding Youth Award, we consider many things. We need your advice and guidance in this evaluation. You can help us make the right decision by telling us how you feel this applicant will benefit from and contribute to the Highland County community.
In your comments, please include some indication of the duration and circumstance of your acquaintance. Please comment on this individual's personality, academic motivation, dependability, rapport with other people and strengths and weakness will be very much appreciated.
Thank you for taking time to help us make a wise selection. Send to: OSU Extension, Highland County, 119 Governor Foraker Place, Suite 202, Hillsboro, OH 45133.
Reference letters need to be received from the person completing the reference (non
family member) by the first Thursday in August.
Signed Title
Address
Telephone Date