

**Success Beyond the Classroom (SBC)  
SWCSD Scholarship Application  
2016-2017 School Year**

**Application Deadlines:**  
(Marching Band) **May 20, 2016**  
(Fall) **July 22, 2016**  
(Winter) **November 4, 2016**  
(Spring) **March 10, 2017**

**ATTENTION - PARENTS AND STUDENTS**

Completed SBC applications must be **delivered** to the athletic director at your school by 3:30 p.m. or **received** at the address below on or before 4:30 p.m. on the deadline date.

SBC applications received **AFTER** the deadline date/time will **NOT** be considered for a scholarship.

SBC applications can be delivered or mailed to: SWCSD, Attn: SBC, 3805 Marlane Drive, Grove City, Ohio 43123. All mailed or delivered applications to SWCSD must also be **received** by the deadline date/time; not just postmarked by that date.

**Do not leave any information blank**

Student Name \_\_\_\_\_

School \_\_\_\_\_ Sport (or band) \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Is your father/guardian employed?** (Circle one)

Full Time / Part Time / Not Currently Employed

Name of employer: \_\_\_\_\_

**Is your mother/guardian employed?** (Circle One)

Full Time / Part Time / Not Currently Employed

Name of employer: \_\_\_\_\_

**Please list all SWCSD activities (middle school or high school) in which you participated during the past twelve months.**

\_\_\_\_\_  
\_\_\_\_\_

**How does your participation in sports or marching band help you to grow as a student?**

(Attach additional sheet, if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please tell us why you feel you deserve a Success Beyond the Classroom Scholarship?**

(Attach additional sheet, if necessary.) \_\_\_\_\_

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**Scholarship Criteria**

**Do you qualify for** (circle one):    Free Lunch            Reduced Lunch            No Assistance

**Family/household size** (including parents and guardians): \_\_\_\_\_

**During the last school year, how many students in your family/household participated in SWCSD middle school and/or high school extra-curricular activities?** \_\_\_\_\_

**Please explain any special circumstances or additional information that SBC should consider when reviewing your scholarship application, include circumstances such as family illness, extraordinary medical expense, job loss, disability, etc.**

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**IMPORTANT**

**Before submitting this application, please review it carefully to verify all questions and information have been completed. Don't forget to sign below.** SBC Scholarships are awarded based on the information you provide on this application. If any information is left blank, the application will NOT be considered for a scholarship. Results are determined by SBC then released to the schools approximately one week after the application deadline.

*Please accept the information provided above for consideration of a SBC scholarship.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SBC** is an outside organization dedicated to assisting students of SWCSD with scholarships to cover a portion of the pay-to-participate fee. SBC holds fundraisers each year to raise money for these scholarships. If you would like to volunteer at any of the upcoming SBC fundraisers, please contact SBC or notify the Athletic Director at your school.

**Attention athletic directors:** All SBC applications turned in to you must be delivered to the DSC by 4:30 p.m. on the deadline dates. Applications should be placed in an envelope marked "SBC" and given to the receptionist at DSC. A SBC member will pick up the applications for scoring.