

**Success Beyond the Classroom (SBC)
SWCSD Scholarship Application
2017-2018 School Year**

Application Deadlines:
(Marching Band) **May 19, 2017**
(Fall) **July 28, 2017**
(Winter) **November 3, 2017**
(Spring) **March 9, 2018**

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 postmarked by that date.

Complete both sides. 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) _____

Turn over to continue application – Do not leave blank

Do not leave any information blank

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

(Attach additional sheet, if necessary.) _____

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. (Do not leave blank.)

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 a fundraiser 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.