## **2024 JACK PETTEYS MEMORIAL SCHOLARSHIP**

## **Application Form**

Name	First	Middle
Address		
		nty Zip
Telephone Number		
Parent or Guardian	<u> </u>	
High School		
College you wish to attend	Name and Location	
Field of study or college major		-
	ctivities, organizations, offices, and ho fyears (may attach separate sheet).	
Activities	<u>Offices</u>	<u>Honors</u>
outside the school system.	asked to write recommendations for	you. These must be people
	asked to write recommendations for	you. These must be people
outside the school system.		you. These must be people
outside the school system.  a	Position or Title	
outside the school system.  a	Position or Title City	
outside the school system.  a	Position or Title  City  Position or Title  City	State
outside the school system.  a	Position or Title  City  Position or Title	State  State  holarship to the best of my a stand that my application will n
outside the school system.  a	Position or Title  City  Position or Title  City  On for the Jack Petteys Memorial Sciolicants and School Officials. I unders	State holarship to the best of my a stand that my application will not signed below.
outside the school system.  a	Position or Title  City  Position or Title  City  On for the Jack Petteys Memorial Sciolicants and School Officials. I unders	State  State  holarship to the best of my a stand that my application will no

Revised 10/23

## 2024 JACK PETTEYS MEMORIAL SCHOLARSHIP Personal Reference Form

	of		has applied for	the Jack Petteys Memorial Scholarship			
and ha	s given your name as reference.						
prepar acader	atory courses, (b) score at least a	1100 on his SA	AT test, or a 22	on his ACT test (c) show college-level have very strong qualities of leadership			
potent the op answe	ial of each candidate. We recognize tion to leave blank those which you	e that some of the prefer not to, of omplete. Than	nese questions a or feel unqualifi nk you for your	nces to determine more completely the are sensitive and personal, and you have ed to, answer. Please ensure that your prompt assistance in completing this adline is April 1, 2024.			
1.	How long and in what connection have you known the applicant?						
2.	What are the strongest qualities of the candidate? Check from the following terms and add any that more accurately apply.						
	Scholarship Artistic	- Ability	Imagination/Inventiveness				
	Scholarship Artistic Personality Athleti	•		inity Activities			
	Leadership Drama	_		sible Independent			
		al Ability					
3.	To assist and balance our evaluati applicant's weaknesses or shortcor		appreciate any o	comments you can give concerning the			
4.	Is the applicant ready for and capal	ble of accepting Yes	and fulfilling the	e following collegiate expectations? No			
	Seriousness of purpose	163	Frobably	110			
	Substantial academic workload						
	Increased personal freedom						
	Increased self-motivation						
	Intellectual initiative						
	Constructive thought and action						
	Social leadership						
5.	Check the phrase or phrases that would best summarize your recommendation of this applicant's admission to an academically-oriented college.						
	A superior applicant in all res	pects	With normal re	servations			
	Videntify With serious doubt						
	With more than average conf	fidence	Would not reco	ommend			

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6. <u>Please attach a signed letter</u> giving additional information or comments you wish the Committee to have in helping them make their decision. This letter is very important to the Scholarship Committee in evaluating each student, and its absence may be detrimental to his evaluation.

YOUR NAME	_	DATE	
OCCUPATION			
ADDRESS			
CITY	COUNTY	, ZIP	
SIGNATURE			