

# 2024 Hayswood Foundation, Inc. Scholarship Programs

## Lois Mathewson Bronson Walden Scholarship (New Applicants, Only)

Please read carefully and provide the information and attachments as instructed. YOU are ultimately responsible for ensuring that your application is complete, and that all required materials are submitted by the due date.

Answer all questions as completely as possible. If you have questions, contact the Foundation office by sending an email to [hfound@att.net](mailto:hfound@att.net) (recommended), or by calling (606) 563-9333.

**GENERAL ELIGIBILITY REQUIREMENTS:** Applicants must be residents of Lewis County and, if selected, maintain residency in order to continue receipt. Only members of the current graduating class at Lewis County High School are eligible to apply for first-time receipt. A high school cumulative grade point average of at least 2.8 is required. You must be under the age of 25 at the time of initial application. Members of the families of the current directors or staff of Hayswood Foundation, or of the original donor of the scholarship program, are ineligible. Applicants must be planning to attend an accredited Kentucky college or university as a full-time student. Scholarships may be applied to undergraduate, graduate, and professional school studies provided a 2.8 minimum cumulative grade point average is maintained and the recipient continues status as a full-time student.

**SUBMISSION DEADLINE:** Completed applications (the attached 6-page application form plus all of the additional materials required) are to be submitted to either the office of the Guidance Counselor at Lewis County High School, or to the office of Hayswood Foundation at 135 West Second Street, Suite 1A, Maysville, **no later than 3:00 P.M. Friday, April 19, 2023.**

**AWARDS:** Scholarships are awarded for one-year periods, and are paid directly to the recipient's school, in substantially equal payments, prior to each term. Past recipients must submit a renewal application to retain their scholarships.

**COMMUNITY SERVICE REQUIREMENT:** Since this is a community-based scholarship, each recipient selected must complete 10 hours of community service, during the following year, in order to apply for renewal of their scholarship the following college year. Service will be documented on our Community Service Report Form, and the form submitted when it is time to renew the scholarship. More information is available on our website, [hayswood.org](http://hayswood.org).

**CONFIDENTIALITY:** To ensure privacy when submitted, it is recommended that application materials be placed in a sealed envelope.

### REQUIRED ATTACHMENTS:

In addition to the application form, provide ALL of the attachments listed, below.

- A) Copy of your high school transcript, and including a copy of your student report showing classes taken during this year.
- B) Official college transcript for classes completed (Not needed if classes are on your high school transcript.).
- C) Documentation of ACT score. **OPTIONAL:** If you received a score of 3 or higher on any AP exam, provide a copy of your score(s).
- D) Copy of your 2024 FAFSA Submission Summary.
- E) Copy of your senior resume, listing accomplishments and involvement in classroom and extracurricular activities, and community involvement.
- F) Copy of Pages 1 and 2 of your and your parents' 2023 federal income tax returns, if applicable.
- G) Two Teacher Recommendation Forms (provided with this application) completed by current or past teachers, and a letter of recommendation from someone other than a teacher who is acquainted with you.
- H) A written statement about your goals in college, and what receiving a scholarship would mean to you.
- I) A photo, that may be used for a news release if you are selected.

2024 Hayswood Foundation, Inc.

Lois Mathewson Bronson Walden Scholarship Application

GENERAL INSTRUCTIONS

- Complete this form by computer, typing, or clearly printing in ink. If you have questions, email hfound@att.net, or call (606) 563-9333.
• Write only on the front of the application sheets, and on the front of any attachments. Information on the back of sheets may be missed when making copies for evaluation. If additional space is needed, indicate on the application that separate sheets are attached, and indicate on attached sheets the section of the application that is being supplemented.
• The applicant's name must appear on all supplemental information attached to or accompanying this application.

Refer back to this application's cover sheet for supplemental information (academic records, tax information, letter of recommendation, teacher recommendation forms, etc.) which is required in addition to this completed application form.

INFORMATION ABOUT APPLICANT

Name: \_\_\_\_\_ Last 4 Digits of Social Security No.: \_\_\_\_\_

Principal Address: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Parent's email address: \_\_\_\_\_ Home Phone Number.: \_\_\_\_\_

Phone number where you can be reached at college: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Marital status: ( ) single ( ) married Number of dependents: \_\_\_\_\_

Rank in high school graduating class: \_\_\_\_\_ of \_\_\_\_\_ total graduates

Current cumulative grade point average: \_\_\_\_\_ (2.8 cumulative minimum required)

Are you a resident of Lewis County? \_\_\_ Yes \_\_\_ No (Lewis County residency required)

Name(s) of parent(s)/guardian(s): \_\_\_\_\_

Principal Address of parent(s)/guardian(s): \_\_\_\_\_

Do you have a brother or sister (including step brothers and sisters, and adopted siblings) who has received one of these scholarships?

BROTHER OR SISTER'S NAME

NAME OF SCHOLARSHIP RECEIVED

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

Will you be the first member of your immediate family (parents; siblings) to attend college? \_\_\_ Yes \_\_\_ No

College you plan to attend, and its location (must be located in Kentucky): \_\_\_\_\_

\_\_\_\_\_ Intended course of study: \_\_\_\_\_

List your high school's sports teams (other than intramural) on which you were a member and mark your years of participation:

Table with 4 columns: Freshman, Sophomore, Junior, Senior. Rows for listing sports teams and participation years.

How did you learn about this scholarship program? \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**INFORMATION ABOUT PARENT(S)/GUARDIAN(S)**

With whom do you live? ( ) both parents ( ) father ( ) mother ( ) step father ( ) step mother ( ) other

Please check one of the boxes to the right if parents are ( ) divorced or ( ) separated.

Are both parents living? ( ) yes ( ) no

Father's name: \_\_\_\_\_ Father's age: \_\_\_\_\_

Father's address (if same as applicant's, write "same"): \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Position held: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's age: \_\_\_\_\_

Mother's address (if same as applicant's, write "same"): \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Position held: \_\_\_\_\_

**APPLICANT'S ASSETS**

Indicate, below, your assets including checking and savings accounts, certificates of deposit, savings bonds, stocks, other bonds, trust funds, real estate, and vehicles.

NATURE OF ASSET	VALUE	HOW OBTAINED
Checking and Savings Accounts:	\$ _____	_____
Certificates of Deposit:	\$ _____	_____
Savings Bonds:	\$ _____	_____
Stocks and Other Bonds:	\$ _____	_____
Trust Funds:	\$ _____	_____
Real Estate:	\$ _____	_____
Vehicles:	\$ _____	_____

Applicant's Name: \_\_\_\_\_

**APPLICANT'S FINANCIAL NEED**

Itemize, below, your anticipated expenses for attending college during the full upcoming school year. Include costs of tuition, housing, meal plans, books, required equipment/supplies, and fees related to enrollment or classes (If you are uncertain of the exact amounts, estimates of expenses can be obtained by contacting your college's financial aid office.).

**NATURE OF EXPENSE**

**DOLLAR AMOUNT**

\$

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expenses \$ \_\_\_\_\_

**APPLICANT'S FINANCIAL ASSISTANCE**

List other grants or scholarships for which you have applied (even if you have not been notified of receipt), and which have been awarded to you for the upcoming school year (indicate the amount you will receive for the **FULL** school year). **DO NOT LIST STUDENT LOANS.** Seeking other sources of assistance will not lessen your chance of being selected. Should any of this information change, contact the Foundation office immediately.

**SOURCE OF ASSISTANCE**

**INDICATE IF AWARDED  
OR APPLIED FOR**

**AMOUNT AWARDED  
(IF APPLICABLE)**

\$

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total of Other Assistance \$ \_\_\_\_\_



Applicant's Name: \_\_\_\_\_

**FINANCIAL INFORMATION OF PARENTS/GUARDIANS  
(OR FOR PARENT WITH CUSTODY, IF DIVORCED)**

**Actual 2023 Amounts From  
Federal Income Tax Return**

**Estimated Amounts for 2024**

Adjusted gross income	\$ _____	Adjusted gross income	\$ _____
Taxable income	\$ _____	Taxable income	\$ _____
Tax-exempt interest	\$ _____	Tax-exempt interest	\$ _____
Income derived from all other sources (including pre-paid living expenses, travel allowances, deferred retirement)	\$ _____	Income derived from all other sources (including pre-paid living expenses, travel allowances, deferred retirement)	\$ _____

List dependents (other than the applicant ) for federal income tax purposes in 2023 (If parents are divorced, list dependents for both.):

NAME	RELATIONSHIP TO APPLICANT	AGE	IF LIVING W/FAMILY CHECK HERE	NAME OF SCHOOL IF ATTENDING	GRADE LEVEL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**FINANCIAL INFORMATION OF NON-CUSTODY PARENT (IF PARENTS ARE DIVORCED)**  
(If unavailable, parent with custody must provide a written statement to that effect, and explain why.)

**Actual 2023 Amounts From  
Federal Income Tax Return**

**Estimated Amounts for 2024**

Adjusted gross income	\$ _____	Adjusted gross income	\$ _____
Taxable income	\$ _____	Taxable income	\$ _____
Tax-exempt interest	\$ _____	Tax-exempt interest	\$ _____
Income derived from all other sources (including pre-paid living expenses, travel allowances, deferred retirement)	\$ _____	Income derived from all other sources (including pre-paid living expenses, travel allowances, deferred retirement)	\$ _____

Applicant's Name: \_\_\_\_\_

**CERTIFICATION & AUTHORIZATION BY APPLICANT**

As an applicant for a Hayswood Foundation scholarship, I certify that the information I have provided on this application is correct to the best of my knowledge. I understand that my submission of this application in no way guarantees that funds will be awarded, or the amount of the award should I be selected. If selected, I understand that (1) I may attend the college of my choice, provided the institution is accredited and located within the Commonwealth of Kentucky; (2) all scholarship funds awarded will be paid directly to my college, to be applied toward my expenses under the college's normal procedures for the administration of scholarships; (3) I must submit a copy of my grades to the Foundation at the completion of each semester, as well as evidence of my enrollment for the subsequent semester; (4) the Foundation reserves the right to cancel any scholarship for failure of a recipient to meet academic requirements, or because of a recipient's unlawful conduct; and (5) selection as a recipient for the upcoming school year does not guarantee funding for any subsequent year.

**I authorize the release of my academic, attendance, and financial aid information to Hayswood Foundation, Inc.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CERTIFICATION BY PARENTS OR GUARDIANS**

**(If parents are divorced, the signature of the parent with custody is sufficient.)**

To the best of my/our knowledge, the information reported is complete and accurate. I/We agree to inform Hayswood Foundation of any major changes in our information, as reported.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Recommendation Letter

It is crucial that the author of your letter of recommendation understands our requirements. To help this process operate as smoothly as possible, write your name on this instruction form and provide it to your letter writer. Remember that you are ultimately responsible for ensuring that your letter is submitted, so remember to follow up with the author to see if his or her letter has been completed and delivered. You may also contact the Foundation office to inquire.

Scholarship Applicant's Name: \_\_\_\_\_

You have been selected to write a letter of recommendation for a student who is applying for a **2024-2025 Lois M. B. Walden Scholarship** offered by Hayswood Foundation, Maysville. To be eligible to write a letter, you must not be a relative of the applicant, or a director or employee of the Foundation. **Your letter must be signed and dated**, but the date must not be prior to January 1, 2024. Your letter should be no longer than one page, single side, and should indicate how you are familiar with the student (current or past teacher, family friend, employer, coach, etc.). Do not give your completed letter to the applicant. Instead, submit it as indicated, below, **no later than 3:00 p.m. on Friday, April 19, 2024**. A late letter may result in the student's disqualification. Applicants have been made aware that it is their responsibility to contact you soon enough for the letter to be presented on time. Submit your letter to the office of the Guidance Counselor at Lewis County High School, or to Hayswood Foundation by email to [hfound@att.net](mailto:hfound@att.net), or in person or by mail to the Hayswood Foundation office at 135 W. Second Street, Suite 1A, P.O. Box 208, Maysville, Kentucky, 41056. If by mail, ensure adequate time for delivery. You may submit letters for multiple students at one time. If you have questions, please contact the Foundation office by email (recommended) to [hfound@att.net](mailto:hfound@att.net). You may reach us by phone at (606) 563-9333, although our office is not open on a full-time basis. Your time and effort are greatly appreciated.

## Teacher Recommendation Forms

Two Teacher Recommendation Forms are provided with this application set. Fillable pdf versions are also available separately on our website ([hayswood.org](http://hayswood.org)). It is crucial that the teachers completing your forms understand our requirements. To help this process operate as smoothly as possible, write your name on these instruction forms and provide them to your form preparers. Remember that you are ultimately responsible for ensuring that your forms are submitted, so remember to follow up with the preparers to see if their forms have been completed and delivered. You may also contact the Foundation office to inquire.

Scholarship Applicant's Name: \_\_\_\_\_

You have been selected to prepare a Teacher Recommendation Form for a student who is applying for a **2024-2025 Lois M. B. Walden Scholarship** offered by Hayswood Foundation. To be eligible to submit a form, you must not be a relative of the applicant, or a director or employee of the Foundation. Your form may be completed by hand, or by computer using fillable pdf versions available on our website: [hayswood.org](http://hayswood.org). **Your form must be signed**. Do not give your completed form to the applicant. Instead, deliver it to the office of the Guidance Counselor at Lewis County High School, or mail, email, or deliver it directly to the Hayswood Foundation office **no later than 3:00 p.m. on Friday, April 19, 2024**. A late form may result in the student's disqualification. Applicants have been made aware that it is their responsibility to contact you soon enough for the form to be presented on time. If submitting to Hayswood Foundation, email to [hfound@att.net](mailto:hfound@att.net), deliver to Hayswood Foundation office, 135 W. Second Street, Suite 1A, Maysville, Kentucky, or mail to us at P.O. Box 208, Maysville, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope handy to place it in the drop box beside our office door. You may submit letters for several students at one time. If you have questions, please contact the Foundation office by email (recommended) to [hfound@att.net](mailto:hfound@att.net). You may also reach us by phone at (606) 563-9333, although our office is not open on a full-time basis. Your time and effort are greatly appreciated.

Scholarship Applicant's Name: \_\_\_\_\_

You have been selected to prepare a Teacher Recommendation Form for a student who is applying for a **2024-2025 Lois M. B. Walden Scholarship** offered by Hayswood Foundation. To be eligible to submit a form, you must not be a relative of the applicant, or a director or employee of the Foundation. Your form may be completed by hand, or by computer using fillable pdf versions available on our website: [hayswood.org](http://hayswood.org). **Your form must be signed**. Do not give your completed form to the applicant. Instead, deliver it to the office of the Guidance Counselor at Lewis County High School, or mail, email, or deliver it directly to the Hayswood Foundation office **no later than 3:00 p.m. on Friday, April 19, 2024**. A late form may result in the student's disqualification. Applicants have been made aware that it is their responsibility to contact you soon enough for the form to be presented on time. If submitting to Hayswood Foundation, email to [hfound@att.net](mailto:hfound@att.net), deliver to Hayswood Foundation office, 135 W. Second Street, Suite 1A, Maysville, Kentucky, or mail to us at P.O. Box 208, Maysville, 41056. If by mail, ensure adequate time for delivery. If in person, have an envelope handy to place it in the drop box beside our office door. You may submit letters for several students at one time. If you have questions, please contact the Foundation office by email (recommended) to [hfound@att.net](mailto:hfound@att.net). You may also reach us by phone at (606) 563-9333, although our office is not open on a full-time basis. Your time and effort are greatly appreciated.



# Hayswood Foundation, Inc. Scholarship Programs

## 2024 Teacher Recommendation Form

(Also available on our website, [hayswood.org](http://hayswood.org), as a fillable pdf for download.)

When completed, please deliver your form to our office at 135 West Second Street, Suite 1A, Maysville, mail to us at P.O. Box 208, Maysville, or scan and email to [hfound@att.net](mailto:hfound@att.net).

Preparer's Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Preparer's Email Address: \_\_\_\_\_

Relationship to Student (check all that apply): Teacher -  Past  Current  Coach  Athletic Director

Please check the number that represents your experience with this student as related to the qualities listed below. A "5" represents the highest score, and a "1" the lowest. Check one number for each quality.

Participation in class discussions/on-task behavior in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Inquisitiveness; interest in class topics and issues.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to synthesize and grasp underlying principles.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Creativity and originality of thought.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Self discipline, responsibility, and dedication to following through.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Motivation, initiative, and self-starting ability.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Flexibility; willingness to adapt to new situations and accept change.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cooperation; social and emotional maturity.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Academic integrity and honesty.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Consideration and attitude toward other students.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Contributing members of the school community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Willingness to take academic risks.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

In what subject(s) did you teach the student? \_\_\_\_\_

What are the first words that come to mind to describe this student? \_\_\_\_\_

If there is information that you believe is important that is not included elsewhere in this form, please feel free to provide it here. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your participation!**

# Hayswood Foundation, Inc. Scholarship Programs

## 2024 Teacher Recommendation Form

(Also available on our website, [hayswood.org](http://hayswood.org), as a fillable pdf for download.)

When completed, please deliver your form to our office at 135 West Second Street, Suite 1A, Maysville, mail to us at P.O. Box 208, Maysville, or scan and email to [hfound@att.net](mailto:hfound@att.net).

Preparer's Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Preparer's Email Address: \_\_\_\_\_

Relationship to Student (check all that apply): Teacher -  Past  Current  Coach  Athletic Director

Please check the number that represents your experience with this student as related to the qualities listed below. A "5" represents the highest score, and a "1" the lowest. Check one number for each quality.

Participation in class discussions/on-task behavior in class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Inquisitiveness; interest in class topics and issues.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to synthesize and grasp underlying principles.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Creativity and originality of thought.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Self discipline, responsibility, and dedication to following through.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Motivation, initiative, and self-starting ability.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Flexibility; willingness to adapt to new situations and accept change.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Cooperation; social and emotional maturity.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Academic integrity and honesty.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Consideration and attitude toward other students.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Contributing members of the school community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Willingness to take academic risks.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

In what subject(s) did you teach the student? \_\_\_\_\_

What are the first words that come to mind to describe this student? \_\_\_\_\_

If there is information that you believe is important that is not included elsewhere in this form, please feel free to provide it here. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your participation!**

# Application Completion Checklist

- Review all information on the application for accuracy.**
- Place your name at the tops of Pages 2 thru 6 of the application, and on each piece of supplemental information accompanying the application form.**
- Provide working email addresses on Page 1** (You need to monitor your email after submission for messages from us regarding our additional needs, or about application omissions that must be corrected.)
- Provide a copy of your senior resume, listing your accomplishments and involvement in classroom, extracurricular, and community activities.**
- Provide a written statement of your goals, and what receiving this scholarship would mean to you.**
- Provide a recent black & white or color photo.**
- Provide a copy of your high school transcript, and attendance records, including information about classes you are currently taking in high school**
- Provide documentation of your ACT or SAT score**
- OPTIONAL: If you scored a 3 or better on any AP exam, provide documentation to support your score(s).** ( Although optional, supplying proof of score could improve your chance for selection.)
- Provide copies of Pages 1 and 2 of your 2023 federal income tax form, if applicable** (Your Social Security number should be concealed prior to submitting.) .
- Provide copies of Pages 1 and 2 of your parents' 2023 federal income tax return** (Social Security numbers should be concealed prior to submitting. If your parents are divorced, we need tax returns from both, or a signed statement from the parent with custody that the information is unavailable, and why.).
- Provide a copy of your FAFSA Submission Summary.**
- If your parents are divorced, and you are not providing an income tax return, and/or financial information requested on Page 5 for the non-custody parent, provide a signed statement from the parent with custody that the information is unavailable, and why** (Only one signed statement is required to cover any and all omissions. The absence of any information, even with an explanation, may affect the applicant's chance to receive a scholarship.).
- Provide official copies of all college transcripts, if applicable** (Not needed if the college classes are listed on your high school transcript.).
- Select two current or past teachers to complete a Teacher Recommendation Form, and a third individual to submit a letter of recommendation.** (Follow up with your form & letter preparers to ensure that they are received by the deadline.)
- Sign the application near the bottom of Page 6.**
- Have your parent(s) or guardian(s) sign at the bottom of Page 6** (If your parents are divorced, only the signature of the parent with custody is required.).
- Arrange for the delivery of your application form to the office of the Guidance Counselor at Lewis County High School, or to the Hayswood Foundation office, 135 West Second Street, Suite 1A, Maysville, along with all other required information, before this year's deadline of **3:00 p.m. on Friday, April 19, 2024.****