



CLEVELAND METROPOLITAN SCHOOL DISTRICT
2016-2017 -ARMY OF BELIEVERS SCHOLARSHIP
HONORING MR. SAMUEL G. LUCARELLI
 UP TO \$5,000

This scholarship is to honor Mr. Samuel G. Lucarelli's legacy of generosity and outstanding service to the students and families of the Cleveland Metropolitan School District. The scholarship is awarded up to \$5,000.00 will be granted to (1) Male and (1) Female qualified Cleveland Metropolitan School District student who have been accepted and are planning on attending a post-secondary institution for the 2017-2018 school year majoring in Business, Health or Liberal Arts. The individuals will be chosen by the Scholarship Committee on the basis of academic record, interview, future plans, goals, major, and a written essay. The essay will address the following: **If you had the authority to change your city/school in a positive way, what specific changes would you make?**

CRITERIA AND INSTRUCTIONS

- Must be accepted and planning to be enrolled in an accredited college or university after graduation from a Cleveland Metropolitan School District High School.
- Must attach a current transcript.
- Must submit **two letters of recommendations**, one of whom must be a teacher familiar with your academic work. The second other can be from a teacher, guidance counselor, advisor, minister or professional from an outside community agency.
- Community Service history
- Essay must be typed document of 150 to 200 words. Essay Question: **If you had the authority to change your city/school in a positive way, what specific changes would you make?**

Application, essay and recommendations must be sent together to:
 Cleveland Metropolitan School District
 Office of the CEO
 ATTN: Scholarship Committee
 1111 Superior Ave. E – Suite 1800, Cleveland, Ohio 44114

Applications must be received/postmarked by Thursday, April 13, 2017
 Students may apply for all available AOB scholarships. Recipient will receive one award.

REFERENCES

List names and addresses of two persons, not a relative and **one of whom must be a teacher who is familiar with your academic work**, and ask them to write recommendations on the enclosed forms. It is the responsibility of the applicant to gather all forms and submit them in together. The enclosed forms must be completed and returned. References listed below may also include a letter of recommendation.

1. Name: _____

Address: _____

2. Name: _____

Address: _____

I understand that all information will be held in strict confidence and that this application will be destroyed after the scholarships have been awarded.

 STUDENT NAME

 DATE

 STUDENT ADDRESS

 STUDENT CONTACT# & EMAIL ADDRESS



HIGH SCHOOL AND COMMUNITY ACTIVITIES

List memberships in any organizations, including name, description of each if necessary, offices and/or chairs positions held, approximate hours per week spent in activity. Include all high school organizations, sports and team organizations, and volunteer work in the community or church. (***Add additional sheets if necessary***)

<u>High School Organizations</u>	<u>How Long Active</u>	<u>Offices Held</u>	<u>Hours/Week</u>

<u>Community Organizations</u>	<u>How Long Active</u>	<u>Offices Held</u>	<u>Hours/Week</u>

<u>Church Organizations</u>	<u>How Long Active</u>	<u>Offices Held</u>	<u>Hours/Week</u>

<u>Volunteer Organizations</u>	<u>How Long Active</u>	<u>Offices Held</u>	<u>Hours/Week</u>

Describe/explain your reasons for applying for this scholarship:

PLEASE TYPE A 150-200 WORD ESSAY ON THE FOLLOWING:

***If you had the authority to change your city/school in a positive way, what specific changes would you make? Is there anything else you would like to share with the committee? (Applicants may attach essay to this sheet)**



**SCHOLARSHIP RECOMMENDATION
 CLEVELAND METROPOLITAN SCHOOL DISTRICT
 ARMY OF BELIEVERS SCHOLARSHIP**

TO THE INDIVIDUAL PROVIDING THIS RECOMMENDATION:

The information requested on this recommendation will be treated confidentially and is for the exclusive use of the Cleveland Metropolitan School District/Army of Believer's Scholarship in awarding scholarships to students of the Cleveland Metropolitan School District who have been accepted and are planning on attending a post-secondary institution for the 2017-2018 school year. We sincerely appreciate your thoughtfulness and thoroughness in providing this information. All applicants must have recommendations to be considered for a scholarship.

THIS FORM MUST BE COMPLETED AND ATTACHED TO THE APPLICATION (2 RECOMMENDATION FORMS SHOULD BE SUBMITTED WITH THE APPLICATION PACKET.)

PLEASE PRINT OR TYPE ALL INFORMATION

APPLICANT'S NAME

- I. **Please give your reasons for believing this applicant should receive a scholarship:**
 (Please feel free to use the reverse side of this sheet if necessary or attach a separate sheet.)

- II. **Please evaluate the applicant according to the following rating scale:**

5=Outstanding, 4=Above Average, 3=Average, 2=Below Average, 1=Unsatisfactory,
 *=Insufficient knowledge to rate this trait

TRAITS	DEFINITION OF TRAITS	RATING
Integrity	Trustworthy; truthful; sincere; loyal; guided by high personal and moral principles	
Leadership	Influences, stimulates, guides and directs others effectively in group efforts	
Reliability	Dependable, conscientious, accurate, punctual, maintains perspective, maintains stability under stress	
Initiative	Self-motivated, creative, assumes responsibility voluntarily when appropriate	
Cooperation	Accepts suggestions well, respects ideas and abilities of others	
Judgment	Thinks clearly, analyzes situations carefully and takes appropriate action	
Management	Organizes work efficiently and effectively, plans for wise use of time, goal oriented	
Maturity	Well balanced, weighs personal decisions and actions carefully and accepts responsibility for them, acknowledges own limitations and recognizes when help is needed	
Social Attributes	Congenial, courteous, kind, caring, well-liked, enthusiastic	

Name: _____ Date: _____
 Contact Number: _____



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III. **Please give your reasons for believing this applicant should receive a scholarship:**
 (Please feel free to use the reverse side of this sheet if necessary or attach a separate sheet.)

IV. **Please evaluate the applicant according to the following rating scale:**

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