**Tyler Walsh Scholarship**The Centennial High School Chapter of the National Honor Society committee selects up to two recipients for the Tyler Walsh Scholarship funded by two Shredathon fundraisers. The recipient of the Tyler Walsh Scholarship must be a senior and an active member of the Centennial High School Chapter of the National Honor Society. Final recipient for the Tyler Walsh Scholarship must complete all NHS commitments by April 4, 2025. Scholarship monies will be forfeited if NHS commitments are not completed.

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|  Please **type** your answers.  |
| 1. | Last Name: | First Name: |
| 2. | Mailing Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: |
| 3. | Daytime Telephone Number: ( ) |
| 4. | Email Address: |
| 5. | Date of Birth: Month Day Year  |

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| --- | --- |
| 6. | A. The following items must be attached to this application form in order to establish the eligibility and to be reviewed by the scholarship committee. **B. Circle “YES” or “NO” to confirm you have attached each item as required.** |
|  | YES | NO | **One brief essay (500 words or less) to answer the following question:** How has your participation in the National Honor Society contributed to who you are today? |
|  | YES | NO | **Two (2) Letters of Recommendation.** Letters should be written by teachers, counselors, or community members that are not family or friends. |
| YES | NO | **Parent and student signatures.** Make sure that both student and parent have signed below. |

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that if my child is chosen as a scholarship winner the money would be applied toward any continuing educational purposes and paid directly to the school or institution.

Applicant’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of scholarship applicant’s parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_