

WILLIAM & RICCA KOSTER MEMORIAL TRUST SCHOLARSHIP INFORMATION

APPLICATIONS MUST BE RECEIVED BY MARCH 15

The William and Ricca Koster Family Memorial Scholarship was established by Ruth Koster in honor of her parents. In addition to honoring her parents, she wanted to encourage and assist West Central students to continue their post high school education.

Awards will be announced during Senior Award Night at each high school.

MINIMUM REQUIREMENTS

- Must be a graduating senior who attends school at West Central High School
- Must attach a copy of your high school transcript (7 semesters)
- Must be in the top 20% of your class
- Must attach a recommendation form from a teacher, administrator, coach, club sponsor, employer, pastor, or other non-related adult who has known you for a minimum of 2 years

SUBMISSION INSTRUCTIONS

Completed application and required attachments must be received no later than March 15th. Turn in completed application to the West Central Guidance Counselor.

Late and/or incomplete applications will not be considered.

WILLIAM & RICCA KOSTER MEMORIAL TRUST SCHOLARSHIP APPLICATION

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STUDENT INFORMATION

Full Name _____
Mailing Address _____
City, State, Zip _____
Phone _____
Email _____
Parent(s)/Guardian Name _____

ARE YOU A 21ST CENTURY SCHOLAR? _____ Yes _____ No
ARE YOU A LILLY SCHOLAR? _____ Yes _____ No

ACADEMIC INFORMATION

Class Rank _____ out of _____ students
SAT Score (Reading + Math) _____
GPA _____

COLLEGE PLANS

Please list your top choice(s) and note if you have been accepted or pending approval.	SCHOOL NAME	APPLICATION STATUS
	_____	_____
	_____	_____
Intended Field of Study _____		

EXTRA-CURRICULAR ACTIVITIES and HONORS *(May attach WC Scholarship Application page 1)*
Please list school and community activities that you have participated in during high school, in order of importance to you. Use only the space provided for a maximum of 5 activities.

ACTIVITY NAME	SHORT OVERVIEW OF LEVEL/AWARDS	# OF YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE

Please list up to three paid work experiences, starting with the most recent.

EMPLOYER	JOB TITLE	START & END DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

WRITTEN STATEMENT *(May attach WC Scholarship Application letter to Scholarship Committee)*

In approximately 200 words, identify your career aspirations and experiences that have influenced your decision. Identify key persons by role (parent, teacher, coach) that have influenced your career choice and explain why. What challenges do you foresee in becoming a successful person in your selected career?

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TO THE APPLICANT

Please complete the top section of this Recommendation Form and then forward to the individual you are requesting a recommendation from.

Full Name _____

Phone _____

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review this recommendation or decline to do so. Please mark the appropriate box below and sign your name.

_____ I waive my right to review this recommendation.

_____ I do not waive my right to review this recommendation.

Applicant's Signature _____ Date _____

TO THE PERSON COMPLETING THE RECOMMENDATION FORM

Please complete this section and return to the student in a sealed envelope, unless they have indicated above that they do not waive their right to review the recommendation.

I have known the applicant for _____ years in my capacity as _____

Please rate the applicant on each characteristic in comparison with other students at the same level by circling the appropriate number.

	No Basis to Judge	Weak	Below Average	Average	Above Average	Exceptional
Honesty & Integrity	n/a	0	1	2	3	4
Intellectual ability for college work	n/a	0	1	2	3	4
Ability to analyze ideas	n/a	0	1	2	3	4
Oral expression skills	n/a	0	1	2	3	4
Written expression skills	n/a	0	1	2	3	4
Demonstrated leadership ability	n/a	0	1	2	3	4
Dependability	n/a	0	1	2	3	4
Respected by peers & adults	n/a	0	1	2	3	4

If you feel this student possesses any exceptional characteristics, please note them below. Do not attach any additional pages.

Respondent Name _____ Signature _____

Institution/Affiliation _____ Position _____

Date _____ Telephone _____