

**THE STEVEN J. BILECKY MEMORIAL SCHOLARSHIP FUND, INC.  
SCHOLARSHIP APPLICATION**

Students applying for this scholarship should complete Part I. The principal, counselor, or teacher should complete Part II.

The Scholarship Selection Committee of the Fund will screen applicants and interview finalists to select the best prospective student to receive a scholarship from the Fund.

*I understand that by completing this application, I am applying for a scholarship from **The Steven J. Bilecky Memorial** at \_\_\_\_\_ (college/university at which I have been accepted and am enrolled). In the event I do not attend this college/university or any other college/university, I understand and agree that I forfeit all of my rights in and to any scholarship **The Steven J. Bilecky Memorial Scholarship Fund, Inc.**, may have awarded to me.*

*This application also constitutes a waiver whereby I authorize the Scholarship Selection Committee to request a copy of my entire file at Highland High School and my entire admissions file at the college/university, including, but not limited to my application for admission, financial aid materials and letters of recommendation (even though I may not have seen such letters). In the event I receive a scholarship from the **Steven J. Bilecky Memorial Scholarship Fund, Inc.**, I understand that I am required to submit periodic progress reports to **The Steven J. Bilecky Memorial Scholarship Fund, Inc.** In the event that I am unable to do so or am unable to provide you with copies of the information you request, I hereby authorize **The Steven J. Bilecky Memorial Scholarship fund, Inc.** to request a copy of my academic file, including, but not limited to my transcripts at Highland High School and the above-referenced college/university. A copy of this application shall serve as Highland High School's and such college/university's authority to make my entire files available to you, including, but not limited to my admission and academic files, both of which may be verified by Highland High School and such college/university, as appropriate. I hereby waive any privacy rights, which would otherwise prevent Highland High School and such college/university from making my files available to you.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Part I (Please Print)**

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City, Zip \_\_\_\_\_ Graduation Date \_\_\_\_\_

College to which you have been accepted and to which you will attend:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Financial Aid Officer \_\_\_\_\_

Outstanding high school achievements (awards, honors, leadership role)

Examples of high school activities

Volunteer service to your community (not school-related)

Employment experience (type of job and number of hours per week)

Please write a short paragraph discussing your educational and career goal.

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**Part II**

Number in Graduating Class \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Student Class Rank \_\_\_\_\_ ACT Composite \_\_\_\_\_ SAT Composite \_\_\_\_\_

Assessment of high school work and estimate of success in college:

Additional comments:

Signed \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

## **INFORMATION FOR THE STUDENT**

### **Standards of Selection:**

1. Cumulative Grade Point Average for seven (7) consecutive semesters of high school class work of at least 3.5;
2. Have demonstrated high achievement in scholastic activities;
3. Have a record of performance in activities both in school and in the community;
4. Have a sound interest and positive attitude toward college work;
5. Have completed and executed the Waiver set forth on Page 1 of the attached scholarship application;
6. Complete Part I of the attached Scholarship Application;
7. Have principal, counselor, or teacher complete Part II recommending you for this scholarship;
8. Have a transcript of your high school grades attached to the scholarship application; and
9. Participate in a personal interview with the Fund's scholarship committee.
10. **Submit this scholarship application, with all blanks appropriately completed, to the HHS Counseling Department by March 6.**