

Triway National Honor Society SCHOLARSHIP

Amount - One time \$250.00

This scholarship shall be a \$250.00 award, providing the recipient meets the required qualifications. Payment will be made upon proof of completion of the student's first grading period (quarter or semester) at the chosen college or university by report card (or transcript) submitted to an NHS adviser at Triway High School.

Criteria:

1. The recipient shall be a Senior at Triway High School and a current NHS member.
2. The recipient must be accepted into an accredited college or university. Moreover, enrollment in internet courses only at a postsecondary institution will make you ineligible for this scholarship.
3. The NHS member must have participated in at least three NHS-sponsored service events.
4. The completed application must be received by **2:46 PM on Friday, May 3rd, 2024.**

National Honor Society SCHOLARSHIP APPLICATION FORM

Please print or type

NAME _____

Address _____

City/State/Zip Code _____

Telephone (____) _____ High School GPA _____

College planning to attend _____

Residence during school year (Please circle or state): Home Dorm Other _____

Major: _____

Pin earned? Yes / No (Service point can be verified outside of Room 204 or 305.)

Please list the service activities you completed during the 2023-24 school year:

Please list the service activities you completed prior to the 2023-24 school year (if you were a member):

Please describe, in one paragraph, the service activity that meant the most to you and why:

SCHOOL AND COMMUNITY ACTIVITIES: _____

CAREER GOALS

National Honor Society members are chosen on the basis of Scholarship, Leadership, Character and Service. Discuss how you have demonstrated each of these attributes while at Triway High School. Why are you deserving of this scholarship? (You may attach another page, if necessary).

SIGNATURES:

We hereby certify that all information in this application is complete and accurate.

Student signature

Date

Signature of Parent/Guardian Date

The student is required to provide a copy of his or her first semester grades from the college or university as proof of completion for payment of the scholarship. Completed application and grades should be forwarded to:

**Triway NHS Scholarship
Triway High School Office
3205 Shreve Road
Wooster, Ohio 44691**

Triway National Honor Society Scholarship

Teacher Recommendation Form for _____

Student Name

Please have a teacher write a brief statement as to your qualifications for this scholarship.

Printed Teacher Name

Teacher Signature

Date

Please return the completed application form to Mrs. Farrar or Mrs. Varner by **2:46 PM on Friday, May 3rd, 2024.**