

JAMES AND DONNA FULLEN SCHOLARSHIP

2024

The James and Donna Fullen Scholarship Foundation is offering a one-time scholarship awarded to a senior attending Licking Valley High School. The foundation was created in memory of Donna Fullen. Donna worked full-time to support her husband, James, as he pursued and received his degrees in education. All Licking Valley seniors who are pursuing a post-secondary degree in education, liberal arts or similar field are eligible to apply.

Award Amount: \$1,000 (one-time)

Application Deadline: Provided by Guidance Counselor

Program Guidelines:

- Graduating seniors with a record of volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.
- Minimum GPA of 3.0
- Plan to attend a 2 or 4 year college with focus in education, liberal arts or similar field.
- Scholarship funds will be paid ***in the first semester of the recipient's first year*** directly to the university. It will be the student's responsibility to submit to the Foundation their student ID number and college information.
- Applicants must have the endorsement of their Guidance Counselor on their application attesting they are a qualified fit for this scholarship program.

Applications can be submitted to the Foundation in three ways:

1. Mail one copy of a completed typed application package to:
(This includes application with signoff by Guidance Department, essay, resume, and school transcript.)

James and Donna Fullen Foundation
c/o Dustin Comisford
871 W Main Street
Newark, OH 43055

2. You can also email your application to: fullenfoundation@gmail.com
(If you decide to email the application, make sure to include all attachments)

3. Dropped off in the guidance counselor's (Courtney Lichtenauer) office.

The applications will be reviewed and the award recipient will be selected by the board of the Foundation. The scholarship will be awarded in May 2024. Please submit any questions to: fullenfoundation@gmail.com

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SCHOLARSHIP APPLICATION 2023

1.	Last Name:	First Name:
2.	Mailing Address Street: City: State: Zip:	
3.	Daytime Telephone Number: () Email Address:	
4.	Date of Birth: Month Day Year Gender:	
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.	
6.	Are you the first person in your family to go to college: YES ____ NO ____	
7.	(If your resume/activities sheet answers question 7, please attach and skip to Question 8) A. List any academic honors, awards and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: C. List your non-school sponsored volunteer activities in the community:	
8.	A. If you have decided on what college you will attend, please list school name: B. If not, list your top 3 college choices:	
9.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.) Name(s): Street: City: State: Zip: Home phone of parents or legal guardians: Work phone:	

10. On a separate sheet please write a short essay (250 - 500 words) answering the questions below:

Describe why you desire to pursue a career in education. Also, discuss in your essay about any challenge or obstacle you have dealt with and overcome and how you believe this will help you succeed in college and beyond.

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STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Foundation's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to James and Donna Fullen Scholarship Foundation policy, it is my responsibility to remit to the Foundation the appropriate information for my scholarship to be paid directly to my educational institution during my first semester.

Signature of scholarship applicant: _____ Date: _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to James and Donna Fullen Scholarship Foundation.

Name of Guidance Counselor submitting the application:

Contact information (email and phone): _____

Signature of Guidance Counselor: _____ Date: _____

Checklist

- ___ Application
- ___ Essay
- ___ Resume/Activity Sheet
- ___ Guidance Counselor signature
- ___ School Transcript

MAIL COMPLETE APPLICATION PACKAGE TO THE FOUNDATION AT:

James and Donna Fullen Scholarship Foundation
c/o Dustin Comisford
871 W Main Street
Newark, OH 43055