

**JILLIAN POINDEXTER MEMORIAL SCHOLARSHIP
APPLICATION PROCEDURES
“May Jill’s memory ride on forever”**

APPLICATION MUST BE POSTMARKED BY SEPTEMBER 15, 2017

SCOPE:

The Family of Jillian Poindexter invites applications from TSHA members for a Five Hundred Dollar (\$500) scholarship to be awarded at the Annual TSHA Awards Banquet.

ELIGIBILITY:

*****PLEASE READ ELIGIBILITY REQUIREMENTS CAREFULLY BEFORE APPLYING*****

Any current TSHA member who has paid their dues for 2016 by June 15, 2016 & for 2017 by June 15, 2017 and has no outstanding balance due TSHA may apply.

CRITERIA:

Applicant must have volunteered at TSHA Open Show a minimum of Six (6) hours without receiving compensation for their service. TSHA volunteer verification forms are available from the Open Show Chairperson

Please attach a resume. Give any information about yourself that will help the Scholarship Committee see who you are, including awards, honors, leadership roles, high school activities, your background, ambitions and goals.

Applicants **MUST** be sure their current transcript (college or high school) is mailed to the Committee on time. (If you are home-schooled, please contact the chairperson for requirements.) All applications **MUST** include two (2) letters of recommendation to be written by someone familiar with your accomplishments, (e.g. teacher, guidance counselor, supervisor etc., not from friends or family members) **to be written on their stationary and signed. LETTERS MUST BE CURRENT (2017).**

All applications must be complete to be considered.

Remember—the application is a reflection of the applicant. Your best is required to receive the best consideration.

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SUBMISSION:

Applications must be mailed to: Jill Poindexter Scholarship
Walter C. Comire, Jr.
P.O. Box 1105
Chepachet, RI 02814

All decisions of the Committee will be final and all submitted material become TSHA property and is non-returnable. The Committee may request verification of project, school records, etc. A personal interview may be required.

Read & Signed _____ **Date** _____