BRYAN MASER MEMORIAL SCHOLARSHIP CRITERIA

The following criteria must be met by the recipient(s) of this scholarship:

1. You must complete the Bryan Maser Memorial Scholarship application by the
deadline established by LCHS – the completed application is due by Monday,

2. In 300 words or less, please write why you feel you deserve the scholarship and
attach it to the application upon submission.

3. You must have been a student at Limestone Community High School for at least
three consecutive years.

4. You must be graduating this May 2016.

5. You are required to submit an official copy of your high school transcript with this
application – the Guidance Office will take care of this.

6. You must contact and apply for admission to Illinois Central College.

7. You will receive $1500 ($750 each semester) to contribute toward the cost of
tuition and books for one full year at Illinois Central College. The committee will
distribute cash disbursements through ICC

8. You must maintain a GPA of at least a 2.0. At the end of the semester, you may
be asked to submit your grades to the committee for review. If the GPA is lower
than 2.0 for the first semester, the scholarship may be terminated for the coming
semester.

9. If you drop any classes before the tuition deadline, the monies refunded for that
class will be re-deposited into the scholarship fund. Any book(s) purchased for
the class(es) will become property of the scholarship fund as well.

10. This will be a one-time scholarship. The funds provided for tuition and books
must be used for two consecutive semesters.

11. Two graduates will be selected to receive this scholarship for one full year. The
final two candidates selected will be notified prior to the LCHS Honors’ Night.
2016 BRYAN MASER MEMORIAL SCHOLARSHIP APPLICATION

Title (check one)  ________ Mr.  ________ Miss

_____________________________________________________________________

Last Name  First Name  Middle Initial

_____________________________________________________________________

Street Address  City  State  Zip

Telephone Number (309) ___________________  Birth Date _____/_____/______

Have you attended LCHS two or more years?  Yes  No

Career Goal ___________________________________________________________

Will you graduate from LCHS in May?  Yes  No

Have you applied to Illinois Central College?  Yes  No

If yes, were you accepted?  Yes  No

Academic Goal (Circle one)  Associates  Bachelors  Masters

Are you planning to transfer to a four-year college?  Yes  No

If yes, what college/university? ___________________________________________

Have you met with an advisor from ICC?  Yes  No

Have you met with an advisor from your choice of transfer college?  Yes  No

Will you be enrolling as a full-time student with 12 hours or more?  Yes  No

FOR OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE

___________  ACT

___________  GPA

___________  Rank
**STUDENT INFORMATION**

*Employment History*

Company Name ________________________________________________________
______________________________________________________________________

Street Address ______________________________________________ City State Zip

Telephone Number (309) _________________ Supervisor ____________________

Reason for Leaving______________________________________________________

Total gross income from this past year (as reported to the IRS) $ ________________

Activities (school, church, charities) __________________________________________
______________________________________________________________________
______________________________________________________________________

**PARENT INFORMATION**

Father’s Name _________________________________________________________

Last First M.I.

Place of Employment_________________________________ Salary $____________

Mother’s Name _________________________________________________________

Last First M.I.

Place of Employment_________________________________ Salary $____________

Number of Children in Family ___________________________

Number of Children in School ___________________________

Number of Children in College ___________________________

Father’s Gross Income Reported to the IRS for this past year $______________

Mother’s Gross Income Reported to the IRS for this past year $______________

Dollar amount of any other aid or scholarships you are receiving $______________
When returning this application, please include the following items

1. The completed application.

2. An essay of 300 words or less describing why you feel you need and/or deserve this scholarship.

3. A copy of your high school transcript will be included by your counselor.

RETURN THE COMPLETED APPLICATION WITH YOUR ESSAY TO THE GUIDANCE OFFICE BY

3:00 P.M. ON MONDAY, FEBRUARY 22, 2016.