

The Paul A. and Katherine M. Bennett Educational Fund Scholarship

The Bennett Educational Fund provides scholarships for students in all three Berkeley County High Schools. The amount of money available each year is determined by the interest earned by the fund. The percentage of the funds available to each high school is determined by the enrollment of the school. The amount of each individual's scholarship is determined by the number of scholarships given at each high school.

Selection Criteria

- Recipient must be going to attend college full-time
- The applicant's academic achievement is important
- Character, leadership, community service, are considered
- Career goals and educational plans are reviewed

DEADLINE:

March 1st

Bennett Scholarship Martinsburg High School

1. Name of Applicant _____
2. Address of Applicant _____

3. Date of Birth _____
4. Parent or Guardian's Name _____
5. Parent or Guardian's Occupation _____
6. Are you the beneficiary of any other scholarship award or financial Aid? _____ Is so, what? _____
7. In what extra-curricular activities have you taken part, in school and Outside of school? _____

8. What honors have you received? _____

9. What special interests do you have? _____
What are your hobbies, accomplishments, talents, etc?

10. What school do you plan to attend? _____
11. What are the costs? _____
12. What course of study do you plan to pursue? _____
13. Give a short biography of yourself on a separate sheet of paper.
14. Please include any other information that you feel will assist the Committee in selecting a recipient.
15. Please include two letters of reference from individuals who know of your Character or academic promise.

Return to Guidance by March 1st

Confidential Financial Information

In order to award this scholarship in the most equitable manner, the applicant's need for financial aid must be carefully evaluated. If you are independent (emancipated) from your parents, please give your own income. If married, include earnings of husband or wife. Please note that **all** spaces must be marked. If they are not applicable, mark them as such. Feel free to present further details on a separate sheet of paper.

Name	Occupation	Monthly Income
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1. Self _____
2. Father _____
3. Mother _____
4. Guardian _____
5. Net family income last year after tax deduction as reported on Income Tax Report _____
6. Number of persons dependent upon the above income. (Include parents, dependent children, aged relatives, or other as reported on Income Tax Return.

Name	Age	Name	Age
_____		_____	
_____		_____	
_____		_____	

7. Number of persons listed above who will be attending training beyond high school this year _____
8. Please give here any additional extenuating circumstances not given about that will further show your need for financial assistance.