

Calvin H. Kibler and  
Dorothy Rutherford Kibler Memorial Scholarship  
for SHEPHERD UNIVERSITY

*Guidelines*

The recipient of this award shall be a graduating senior of a Berkeley County High School.

The recipient of the award shall be nominated annually by the Berkeley County Board of Education from applications submitted to the Director of Pupil Services through the High School guidance offices. The office of the Director of Pupil Services will coordinate a committee of three teachers who will screen the applications before submission to the Board of Education. A winner will be chosen plus one alternate.

The Superintendent of the Berkeley County Board of Education shall notify, by letter, the Shepherd University Scholarship Foundation.

Applications for this award are available in the high school guidance offices and must be submitted to the guidance counselor by March 1 for forwarding to the Director of Pupil Services.

The criteria for selection of the winner shall be academic achievement, participation in school and community activities, and good personal character.

Applicants may be required to appear for a personal interview.

The Shepherd University Scholarship Foundation shall invest the money. The Management Committee shall be composed of the present Mayor of Martinsburg, West Virginia, the President of the Berkeley County Commission, and the Superintendent of Schools for Berkeley County.

The present Mayor of Martinsburg, West Virginia, shall award the certificate to the senior student each year beginning in 1984.



### Confidential Financial Information

In order to award the scholarship in the most equitable manner, the applicant's need for financial aid must be carefully evaluated. Indicate if you are legally independent (emancipated) from your parents. If married, include the earnings of your spouse. Please respond to all questions, if it is not applicable to you, mark it as such. Feel free to present further details on a separate sheet of paper.

**Sources of Income**

Person	Name	Occupation	Monthly Income (Before Deductions)	Monthly Income (After Deductions)
Self				
Father				
Mother				
Guardian				

Total family income last year (include wages, social security, disability, child support, pension, etc.) as reported on the federal income tax return:

Before deductions: \_\_\_\_\_ After deductions: \_\_\_\_\_

How many persons are dependent on the above income(s)? Include parents, dependent children, aged relatives, or other as reported on federal income tax return.

**List of Dependents**

Name	Age	Name	Age

How many of the persons listed above will be enrolled in college or post-secondary training on a full-time basis for the next school year?

\_\_\_\_\_

Please use this space to give any additional, extenuating circumstances not given above that will further show your need for financial assistance. \_\_\_\_\_

\_\_\_\_\_  
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