



Joel M. Boyden – Thomas Shearer Scholarship Fund

The JOEL M. BOYDEN - THOMAS SHEARER SCHOLARSHIP FUND, named for two Past Presidents of the Michigan State Bar Association and of the Rotary Club of Grand Rapids. It was established by the Rotary Club of Grand Rapids and the families of Joel Boyden and Thomas Shearer. A \$1,000 scholarship is awarded annually to two students (public or non-public) from schools that we currently have our Interact and STRIVE student programs in. These include Catholic Central High School, City Middle High School, East Grand Rapids High School, Grand Rapids Christian High School, Innovation Central High School, Grand River Preparatory Academy, Ottawa Hills High School, Union High School, West Catholic High School and West Michigan Aviation Academy who intend to pursue a college/university career. These scholarships are awarded without regard to race, color, creed, religion, gender, national origin, disability or other legally protected status.

Instructions to Applicants

1. Read the entire application carefully.
2. Students who apply must have a minimum grade point average of 3.5.
3. Complete and return all required forms as indicated in the instructions below:
 - a. First semester grade transcripts from your Senior year. The transcript, must be accompanied by a copy of your school's grading system, and must be in a sealed envelope. The seal on the envelope must be signed over by your guidance counselor or high school principal.
 - b. A transcript of your school record, including current subjects, and your test scores (SAT and/or ACT) must be included in the application packet.
 - c. Recommendations (use the attached forms) from two (2) of your high school instructors must be included in the application packet in a sealed envelope. The seal on the envelope must be signed over by the instructors providing the recommendations.
4. Send your completed application, the first semester transcript form and copy of schools grading scale in a sealed and signed envelope from your guidance counselor or high school principal and the two (2) teacher recommendations in a signed and sealed envelope from your instructors to the Boyden/Shearer Scholarship Committee by the deadline date of **Wednesday, March 15, 2017.**

IMPORTANT:

It is your sole responsibility to have the completed application and all other required documents sent to the committee by the deadline date of **Wednesday, March 15, 2017.**

****PLEASE NOTE: Incomplete applications will be not be considered for the scholarship.****



Joel M. Boyden – Thomas Shearer Scholarship Fund Application

APPLICANT INFO:

First Name: _____ Last Name: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone _____ Email: _____

High School currently attending: _____

High School GPA: _____ SAT/ACT Score: _____ Class Size: _____

What career path are you preparing for: _____

Course of study: _____

Which accredited college or university do you plan to attend: _____

Have you applied for admission? Yes _____ No _____ Have you been accepted? Yes _____ No _____

Please provide information demonstrating your financial need: _____

List extra-curricular activities in which you have participated in high school by year: _____

Have you held leadership positions in any of the above? Specify position by year: _____



State briefly your plans for the future, indicate why you are applying for this scholarship, and state why you believe you should be a recipient: _____

List community activities in which you have participated by year: _____

Names of the teachers that you have asked for recommendations:

Name: _____ Telephone: _____

Name _____ Telephone: _____

**If additional space is needed to answer any of the sections above, attach a separate page
(please reference section)

The undersigned hereby makes application to the JOEL BOYDEN – TOM SHEARER SCHOLARSHIP FUND and submits herewith the required information.

(Signed): _____ Date: _____
(Applicant signature)

Return completed application with all required documents no later than Wednesday, March 15, 2017 to:

**Rotary Club of Grand Rapids
Attn: Boyden - Shearer Scholarship
1345 Monroe Ave. NW Ste. 204
Grand Rapids, MI 49505**



Joel M. Boyden – Thomas Shearer Scholarship Fund Application Check List

- All documents must be **postmarked** by **Wednesday, March 15, 2017.**
- Student Application must be filled out in full, **single sided with no staples**
- Include transcript of school record, including current subject, and your test scores (SAT and/or ACT). Transcript must be in a **sealed envelope and signed over the seal** by your guidance counselor or high school principal
- Include two (2) recommendations from your high school instructors. Please have them returned to you in a **sealed envelope with their signature over the seal**
- All supporting documents must be single sided**
- No supporting documents should be stapled**

IMPORTANT:

It is your sole responsibility to have the completed application and all other required documents sent to the committee by the deadline date of **Wednesday, March 15, 2017.**

****PLEASE NOTE: Incomplete applications will be not be considered for the scholarship.****

Return completed application with all required documents no later than Wednesday, March 15, 2017 to:

Rotary Club of Grand Rapids
Attn: Boyden - Shearer Scholarship
1345 Monroe Ave. NW Ste. 204
Grand Rapids, MI 49505



**Joel M. Boyden – Thomas Shearer Scholarship Fund
Teacher Recommendation Form**

To satisfy the requirements for consideration, the applicant must secure recommendations from two (2) teachers. Please complete this form on behalf of the student, thus satisfying one teacher recommendation requirement.

Name of applicant: _____

High school student now attends: _____

Your name: _____ Title: _____

Email: _____ Telephone: _____

What courses have you taught this student: _____

How long have you known the applicant: _____

What has been your involvement with the applicant: _____

Reasons for recommending this student: _____

What is the vocational goal of the student: _____

	Excellent	Above Average	Average	Below Average	Comments
Participation in Discussion					
Involvement in Classroom Activity					
Evenness of Performance					
Critical and Question Attitude					
Depth of Understanding					
Personal Responsibility					

Additional information you feel would be helpful to the Scholarship Committee: _____

Please return to the student in a sealed envelope, with your signature over the seal. This is required for their scholarship application submission. **The application deadline is Wednesday, March 15, 2017.**

Teacher Signature: _____ **Date:** _____



Joel M. Boyden – Thomas Shearer Scholarship Fund Teacher Recommendation Form

To satisfy the requirements for consideration, the applicant must secure recommendations from two (2) teachers. Please complete this form on behalf of the student, thus satisfying one teacher recommendation requirement.

Name of applicant: _____

High school student now attends: _____

Your name: _____ Title: _____

Email: _____ Telephone: _____

What courses have you taught this student: _____

How long have you known the applicant: _____

What has been your involvement with the applicant: _____

Reasons for recommending this student: _____

What is the vocational goal of the student: _____

	Excellent	Above Average	Average	Below Average	Comments
Participation in Discussion					
Involvement in Classroom Activity					
Evenness of Performance					
Critical and Question Attitude					
Depth of Understanding					
Personal Responsibility					

Additional information you feel would be helpful to the Scholarship Committee: _____

Please return to the student in a sealed envelope, with your signature over the seal. This is required for their scholarship application submission. **The application deadline is Wednesday, March 15, 2017.**

Teacher Signature: _____ Date: _____