

E. Joel Davis, M.D. Memorial Scholarship

2018-2019 Scholarship Application

The E. Joel Davis, M.D. Memorial Scholarship will be granted to an East Canton High School student in the Class of 2019 who has demonstrated academic achievement, character, leadership and service to school and community. This student must have made a commitment to pursue an education program beyond high school in a four year college course of study.

Qualifying Criteria

- GPA of 3.0 or higher
- Good citizen characteristics- no suspensions, an attitude that demonstrates respect for staff, fellow classmates and educational process of school
- Good attendance- maximum of 10 absences per year
- Extracurricular activities involvement- participation in a combination of three or more school clubs, organizations and/or athletic teams
- Community Service- evidence of active membership in a minimum of two community organizations

Application Process

The following will be submitted to the high school guidance counselor by April 19th

- Completed Application
- Official transcript of high school grades and test results
- Recommendations from two certified staff members

A committee comprised of three high school staff members will review the applications.

Announcement of the winner will be made at the Senior Awards Assembly.

The district treasurer will send the scholarship to your chosen school upon receipt of a tuition bill to verify full-time enrollment.

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Name: _____ Phone: _____

Address: _____ City: _____

Zip Code: _____ Email: _____

Parent Information:

Father: _____ Mother: _____

Father Occupation and Place of Employment:

Mother Occupation and Place of Employment:

Your Employment Information:

Are you employed? _____ Place of Employment: _____

If yes, please check: _____ Part Time _____ Full Time

What are your hours per week? _____

Are you a first generation college student? (please circle) Yes No

College/University you plan to attend: _____

Specific Education Major: _____

Are you receiving any other scholarships or financial aid? Yes No

If so, what is the amount per year: _____

High School Activities and Honors

Please list all your high school activities (including athletics, extracurricular activities, etc.) and any honors you have received while in high school. Use an extra page if needed:

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Community Activities and Community Recognition

Please list all your community activities and honors you have received while in high school.
Use and extra page if needed:

Please share how this scholarship may benefit you and your post-secondary plans:

Below, please list the names of each person who will be completing your reference forms. Select references carefully from among those persons who can speak with authority about you.

Please list a name for each of your recommendations:

1. Name: _____
2. Name: _____

*Turn in your application, letters of recommendation and transcript by April 19, 2019 to Guidance Office.