

Candidate # _____
(for office use only)

**2006-07 APPLICATION FOR CHEERLEADING SCHOLARSHIP
CLAIRE NELSON MEMORIAL FUND**

Thank you for your interest in the 2006-07 Cheerleading Scholarship from the Claire Nelson Memorial Fund (CNMF) for the amount of \$2,000 (\$500 from each of Clair Nelson’s parents and \$1,000 from NHS Cheer Booster). Claire Nelson was a sophomore NHS cheerleader who lost her battle to brain cancer in 2005.

The NHS Faculty Scholarship Committee must receive the following by March 16, 2007 for consideration of winning this scholarship.

- _____ Completed scholarship application
- _____ Official copy of your high school transcript
- _____ Written recommendation from your current cheerleading coach
- _____ Essay as specified below

The Claire Nelson Memorial Fund Scholarship will be payable to the College or University of the winning student’s choice, for deposit into their account. The winner will be recognized at Honors Night, May 3, 2007, and at Graduation 2007. The winning applicant will be selected based on the following criteria:

- 1) A senior NHS cheerleader in good standing for 2006-07
- 2) A minimum of 88 cumulative average, as determined by school transcript
- 3) Coach’s recommendation, including leadership and sportsmanship on squad
- 4) Scholarship application outlining school, extra-curricular and community service activities, including examples of good citizenship
- 5) Essay: “How the principles of teamwork and cooperation acquired through cheerleading have prepared me for life.”

Each application will be blind judged by the NHS Faculty Scholarship Committee, and the finalist will be chosen by Claire Nelson’s family.

Only complete applications will be accepted. Applications with missing information will be eliminated and not returned to the applicant.

APPLICATIONS MUST BE RECEIVED BY MARCH 16, 2007. The NHS Faculty Scholarship Committee is not responsible for lost, misdirected, or delayed applications.

Drop off applications to the Northview HS Counseling Office, or mail to:
NHS Scholarship Committee – ATTN: Clair Greenaway
Claire Nelson Memorial Fund Scholarship
Northview High School
10625 Parsons Road,
Duluth, GA 30097

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**2006-07 CLAIRE NELSON MEMORIAL FUND SCHOLARSHIP
APPLICATION**

NAME OF APPLICANT _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

SQUAD _____ COACH _____

CUMULATIVE NUMERIC AVERAGE _____

NUMBER OF YEARS AS A NORTHVIEW HS CHEERLEADER _____

NORTHVIEW H.S. ACTIVITIES AND INTERESTS

School Activity	Years of Participation (Circle all grades that apply)				Position held/grade
_____	9	10	11	12	_____
_____	9	10	11	12	_____
_____	9	10	11	12	_____
_____	9	10	11	12	_____
_____	9	10	11	12	_____
_____	9	10	11	12	_____
_____	9	10	11	12	_____
_____	9	10	11	12	_____

EXTRA-CURRICULAR ACTIVITIES AND INTERESTS

Community or other activity	Years of Participation (Circle all grades that apply)				Position held/grade
_____	9	10	11	12	_____
_____	9	10	11	12	_____
_____	9	10	11	12	_____
_____	9	10	11	12	_____
_____	9	10	11	12	_____

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HONORS AND AWARDS

Name of Honor or Award

Grade Level
(Circle all grades that apply)

_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12
_____	9	10	11	12

ESSAY REQUIREMENTS

Write an essay describing “How the principles of teamwork and cooperation acquired through cheerleading have prepared me for life.”

Attach essay on separate sheet of paper.

ITEMS INCLUDED WITH THIS APPLICATION:

COACH'S RECOMMENDATION _____

OFFICIAL SCHOOL TRANSCRIPT _____

ESSAY _____

SIGNED DECLARATION _____

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**2006-07 CLAIRE NELSON MEMORIAL FUND
DECLARATION**

Please read and sign the following.

I understand that the Claire Nelson Memorial Fund Scholarship of \$2,000.00 being awarded is to be used for expenses incurred while attending a College or University. I understand that the Scholarship awarded will be forwarded directly to the winning applicant's account at the University or College of choice. I understand that any application received after March 16, 2007 will not be accepted, nor will it be returned. I understand that incomplete applications will not be accepted. I give the NHS Faculty Scholarship Committee permission to validate any information that I have submitted, and will not hold the NHS Faculty Scholarship Committee responsible for doing so.

Applicant

Date _____

Parent

Date _____