

Miami County Foundation

317 N. Wayne St., P.O. Box 1526 Piqua, OH 45356-1526 937-773-9012 Phone/Fax
www.miamicountyfoundation.org email: mcf@woh.com

The Don Deeter, M.D. Memorial Scholarship can be awarded to one student yearly in the amount of \$2,000 per year, and may be renewed for up to three additional years of undergraduate education. Applicants must be a resident of Newton Township, OH and majoring in science at a four-year college/university. Failure to continue in science or to maintain a 3.0 GPA will cause the scholarship to be revoked. Certain documents are required to renew the scholarship award.

DON DEETER, M.D. MEMORIAL SCHOLARSHIP APPLICATION

(Typed application is preferred, if needed print clearly in ink. Additional pages may be attached)

Name _____

Address of Applicant _____ County _____ Phone () _____

City, State, Zip _____

Are you a resident of Newton Township, OH? _____ Sex M or F

GPA on a 4.0 scale: unweighted _____ weighted _____ confirmed by counselor: _____

Weighted course(s) taken by this student during his/her senior year: ___Physics ___Calculus ___Advanced English 12
Note: Three senior courses have an add-on weighted GPA of 0.025 per semester: Physics, Calculus, and Advanced English 12

ACT Scores _____ SAT Scores _____
Eng / Math / Science / Reading / Composite Verbal / Math

Attach your most recent transcript

Extra Curricular/School Activities/Community Service During High School years:

<u>Year(s)</u>	<u>Organization</u>	<u>Office(s) Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe why you are applying for this scholarship and include unique characteristics, accomplishments, or experiences, which you feel we should consider in evaluating your application. Stress those qualifications which distinguish you from other applicants.

Applicant Name _____

Briefly describe your plans for a career in science

Attach a letter of recommendation from your Science or Math teacher

Have you been granted scholarship aid? Yes _____ No _____ If yes, list each with amount: _____

Father's Name _____

Mother's Name _____

Number of Siblings _____ Ages _____

Number of Siblings in College _____ Name of College(s) _____

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. or state income tax form. If you purposely give false or misleading information, you will be disqualified.

Date: _____ Signed by _____ (Applicant)

Date: _____ Signed by _____ (Mother/Stepmother)
if applicable

Date: _____ Signed by _____ (Father/Stepfather)
if applicable

Newton High School Guidance Counselor received application
Counselor's signature & date required on original & student copy _____

You must personally deliver, no later than March 1, these two completed pages, transcript, letter of recommendation from science or math teacher and any other attachments (make certain your name appears on all pages) to the **Newton High School Counselor**. You must secure the Counselor's signature and date showing receipt on both the original application and your copy (keep a copy for your records).
No application will be accepted via email or fax.