

# Foxcroft Academy

## Horizon Scholarship Application



# Foxcroft Academy Horizon Scholarship

## **Mission Statement:**

Horizon Scholarships were established to expand academic opportunities and enhance the personal and academic growth of Foxcroft Academy students entering grades 9-11.

## **Source:**

Horizon Scholarships are funded by income generated from 16 named endowed Horizon Scholarship funds within the Academy's endowment. Approximately \$6000 is awarded to FA students each year.

## **Description of Scholarship:**

Horizon Scholarships provide financial support for exceptional academic experiences not presently offered at Foxcroft Academy. Students in grades eight, nine, ten, or eleven who are (or will be) enrolled as a full-time student at Foxcroft Academy are eligible to apply. The program is intended for summer experiences; however, consideration will be given to special programs offered during the school year. Former awardees may apply. Seniors are not eligible to apply, unless there are exceptional circumstances.

## **Application Process:**

Applications are available from Mrs. Hutchinson in the Main Office or Mrs. Hall in the Alumni Office located in the Packard Center. Eighth graders may pick one up in the Counseling Services Office at Sedomocha. Awards will be paid directly to the institution or organization sponsoring the activity upon proper verification of the applicant's acceptance.

**At the completion of the program, scholarship recipients will be required to submit a short essay and photo. Recipients may also be asked to speak at an assembly.**

## **Selection Procedure:**

Scholarships will be awarded to applicants after careful review of the application, essay, and references by the Scholarship Committee of the Board of Trustees. Financial need will be considered, but this scholarship is not a needs-based one.



**How will costs be met?** Please be as specific as possible, include sources, other than Horizon, and anticipated amounts, i.e. parents = \$200, student contribution = \$200, group fundraising = \$200, etc. Applicant is expected to contribute to the cost of the program.

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**Total Costs Met:** \_\_\_\_\_

**How much are you requesting from the Horizon Scholarship Fund?** \_\_\_\_\_  
**(MAXIMUM AMOUNT AWARDED \$1700)**

**Other Scholarship Application Requirements:**

1. Include a brief, typewritten essay (200-300 words) in response to the following question:  
**How will this experience contribute to my personal and academic growth?**
2. One recommendation from a Foxcroft Academy or Sedomocha faculty member and one from another person of your choice (a non FA or Sedomocha faculty member and a non-family member). (Use forms provided with application materials.)

**DEADLINE FOR APPLICATION SUBMISSION IS MARCH 2, 2020.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Foxcroft Academy Horizon Scholarship Confidential Reference Form

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(1) To be completed by a **faculty member** who knows candidate well; (2) returned to the candidate or Mrs. Hall in a sealed envelope; (3) please sign across the sealed flap to ensure confidentiality.

**Applicant's Name:** \_\_\_\_\_  
Last First M.I.

**In what capacity and for how long have you known the applicant:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**What program is the applicant applying for:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please rate the candidate in the categories listed below, where possible:**

	High			Average				Low		Unknown
	9	8	7	6	5	4	3	2	1	
Integrity										
Ability to Adjust										
Initiative										
Eagerness to Learn										
Concern for Others										
Emotional Stability										
Perseverance & Industry										
Enthusiasm										
Relative Maturity										
Sense of Humor										

(more on back)

**In your opinion, how would this experience contribute to the applicant's personal and academic growth?**

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**In comparison with other teenagers whom you have known, how would you rate the applicant?**

	High			Average				Low		Unknown
	9	8	7	6	5	4	3	2	1	
As a citizen:										
As a student:										

**To what degree do you believe the applicant will benefit from this experience:**

	High			Average				Low		Unknown
	9	8	7	6	5	4	3	2	1	
Personally:										
Academically:										

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(printed and signed)

**Address:** \_\_\_\_\_

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(1) To be completed by a **person** (adult non-faculty or family member) who knows candidate well; (2) returned to the candidate or Mrs. Hall in a sealed envelope; (3) please sign across the sealed flap to ensure confidentiality.

**Applicant's Name:** \_\_\_\_\_  
Last First M.I.

**In what capacity and for how long have you known the applicant:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**What program is the applicant applying for:**  
 \_\_\_\_\_  
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**Please rate the candidate in the categories listed below, where possible:**

	High			Average				Low		
	9	8	7	6	5	4	3	2	1	Unknown
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Ability to Adjust										
Initiative										
Eagerness to Learn										
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Emotional Stability										
Perseverance & Industry										
Enthusiasm										
Relative Maturity										
Sense of Humor										

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**In your opinion, how would this experience contribute to the applicant's personal and academic growth?**

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	9	8	7	6	5	4	3	2	1	
Personally:										
Academically:										

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(printed and signed)

**Address:** \_\_\_\_\_