

## **Application Instructions:**

1. Print or type all requested information
2. Complete all items to ensure that your application can be assessed fairly. If you are not sure which school you will be attending, submit information on your first choice. If you have additional questions, or if information changes after you have submitted your application, you should notify Linda Parent at [LMP6028@icloud.com](mailto:LMP6028@icloud.com).
3. Attach a copy of your transcript through the first semester of the current school year.
4. Submit applications in a sealed envelope to: Jeff Wagner Memorial Scholarship  
c/o Linda Parent  
129 Lakeview Drive  
Ashford, CT 06278
5. Applications must be postmarked no later than April 1st. Late applications are not accepted.

## **Application enclosure check list:**

1. Completed application
2. Essay
3. Transcript
4. Two letters of recommendation  
You may attach existing letters or you may attach letters using the attached optional format, or the person creating the letters may send directly .

The Jeff Wagner Memorial Scholarship does not discriminate against applicants on the basis of race, creed, color, national origin, ancestry, sex, disability, sexual orientation, or income. The Central Connecticut Snow Snakes preserves and protects the confidentiality of all information received on the application and will release it only on a need to know basis.

# Central Connecticut Snow Snake Scholarship Application

## General Information

Name:

Home Address:

Mailing Address (if different than home):

Phone number:

Email:

Connecticut Ski Council Membership Number (on the back of your CCSS membership card):

Check # of years a member of the Central Connecticut Snow Snakes: (2-5) (6-10) (10+)

\*Name of College/School:

\*Location of College/School: City:

State:

Major/Area of Study/Interest:

Intended/required length of study (in years): Intended year of completion:

For the upcoming school year, will you be: ( ) an Undergraduate ( ) a Graduate Student

For the upcoming school year, will you be a: ( ) Full-time Student ( ) Part-time Student

\* If you school choice changes, please notify Linda Parent at [LMP6028@icloud.com](mailto:LMP6028@icloud.com)

## Family Information

Including yourself, list the ages of dependent children in the household. Do not include names. (e.g. 20, 18, 14, 10)

Including yourself, how many of the above will be attending a post-secondary institution during the upcoming school year? (e.g. 1, 2, 3)

## School, Community, Activities & Work

List extracurricular activities, including academic/honor societies, and offices held during our high school years and if applicable, during college. (e.g. Soccer 2, 3, 4, Capt. 4; French Club 1, 2, 3, 4, Sect. 3).

List volunteer/unpaid services and activities in the community other than those related to school athletics and clubs.

Do you work or have you worked during the previous 12 months? Yes No

Include Employer, Position/Type of Work, Dates of Employment, Hours per Week.

Please list any special circumstances which you feel would be useful to the committee in evaluating your application. If none, leave blank.

Have you or your family members volunteered to help the club? Yes No

## Certification Statement

To the best of my knowledge the information contained in this application is true and correct. I have read the Application Information on the Ctsnowsakes.org and Instructions cover sheet and understand that I am responsible for the submission of all information and documentation required by the April 1st deadline. The Central Connecticut Snow Snakes reserves the right to disqualify incomplete and/or late applications.

Applicant Name (please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **Essay Guidelines**

All applicants must submit an essay to be eligible for a scholarship

The essay must be typed and double spaced.

The essay should be between one and two pages.

Essay topic: This scholarship is given in memory of Jeff Wagner, a former member who had a great passion for skiing. Describe how skiing has impacted your life.

## Letter of Recommendation - optional format

Applicant's Name:

The above named individual is applying for the Central Connecticut Snow Snakes Jeff Wagner Memorial Scholarship. In order to aid the Scholarship Committee in making their selection(s), we would appreciate your assistance in completing the attached Recommendation form. The form can either be returned to the applicant or returned directly to the Scholarship Committee at:

Jeff Wagner Memorial Scholarship  
c/o Linda Parent  
129 Lakeview Drive  
Ashford, CT 06278

The deadline for submission is April 1st.

Please comment on any/or all of the following:

What do you know of this applicant's intellectual qualities? We are especially interested in any evidence you can give about the nature of his/her motivation for academic work, the originality, independence and sensitivity that he/she displays in course work and the quality of performance as compared to that of classmates. For instance, is the applicant self-directed or driven by pressures from family or from status? Is this applicant studying on his/her own satisfaction or for grades? Does this applicant pursue studies beyond assignments or does he/she have to be prodded?

How would you judge the use that this applicant makes of his/her time? For instance, does he/she participate in any extracurricular community or creative activities?

Is he/she a productive leader, a helpful follower or a joiner? Please explain.

What are your impressions of this applicant's character, aims, and values?

What are the first few words that come to mind to describe this applicant's personality?

How long have you know this applicant?

Any additional comments that you feel will be of importance to the committee?

Name

Relationship