



Walter Fisher Scholarship Application

In December 1989, the “Walter Fisher Scholarship Fund” was established. The purpose of the fund is to honor the memory of Walter Fisher, a former Euclid School teacher, and to award an annual scholarship of \$500.00 to a worthy student who previously had attended Euclid School and is graduating from Hasbrouck Heights High School.

Any former Euclid School student in the current graduating class, who is going to continue his or her education, and has had success in academics may apply for the scholarship. Scholarship is the main criteria by which applicants will be judged.

If additional space is needed for any of the questions, attach an additional document and number your responses.

SCHOLARSHIP APPLICATION

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| 1. | Last Name: | First Name: |
| 2. | Mailing Address | |
| | Street: | |
| | City: | State: Zip: |
| 3. | Mother’s Name: | |
| | Father’s Name: | |
| 4. | Date of birth Month: Day: Year: | |
| 5. | Years in attendance at Euclid School: | |
| 6. | Class rank at Hasbrouck Heights MS/HS: _____ | |
| | <i>** Ranking is completed in accordance with Board of Education #6147.2</i> | |
| 7. | SAT and/or ACT Scores (a copy should be attached): _____ | |



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| 8. | A. Scholastic Honors and Awards: B. Extracurricular activities while in HHHS: C. Offices and Positions of Leadership: D. Organizations outside of HHHS of which you are a member: |
| 9. | A. Name of schools to which you have applied and have been accepted: B. Which school do you expect to attend and why? |

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____