



TOWN OF WHITELAND

OTTO LEWIS MEMORIAL SCHOLARSHIP

ABOUT THE SCHOLARSHIP:

Otto Lewis always went above and beyond to help others. His compassion and heart were demonstrated through many years of service to the Whiteland Community and School Corporation. Always personally giving to the citizens and students of this community portraying profound values in leadership and service.

INSTRUCTIONS FOR APPLICANT

- ☐ Applications must be submitted to the Town of Whiteland, 549 E. Main St., Whiteland, IN 46184 or emailed to apetrow@whiteland.in.gov by Friday, March 22, 2024.
- ☐ Scholarship is open to any Senior enrolled at Whiteland Community High School that wishes to pursue higher education (including trade schools, vocational schools, as well as 2 & 4 year Colleges and Universities).
- ☐ Applicant must attend school in the State of Indiana for their post high school education in order to qualify.
- ☐ Complete all sections of the application and include all requested Attachments to this form.

GENERAL INFORMATION

Applicant's Last Name: _____

First Name: _____

Phone: _____ Home Cell

Street Address: _____

City / State / Zip: _____

E-mail Address: _____

ACADEMIC INFORMATION

List below the Schools you are considering (write "accepted" if you have been accepted into a school at the time of this application)

1 _____

2 _____

3 _____

4 _____

Intended Area of Study: _____

Attach extra pages as necessary to the back of this form

Attachment 1:

List Extra-Curricular Activities & Identify your Leadership Role(s).

Attachment 2:

List below your community service experience and approximate number of hours.

Attachment 3:

List your work experience including average number of hours worked and year worked (sophomore, junior, and senior years).

Attachment 4:

Include a short (one page) essay describing your intended major / area of study and your career goals.

Attachment 5:

Attach two (2) letters of personal reference. (Reference letters may be from community leaders, teachers, counselors, or employers).

APPLICANT SIGNATURE:

Date: _____