

# ROGER B. CHAFFEE SCHOLARSHIP FUND APPLICATION FOR SCHOLARSHIP - 2024

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The **ROGER B. CHAFFEE SCHOLARSHIP FUND**, named for a Grand Rapids astronaut who perished in the Apollo I spacecraft fire January 27, 1967, was established by his family, friends, and fellow classmates. The **\$5,000 scholarship** is awarded annually to an outstanding student (public or non-public) in the Kent Intermediate School District, who intends to pursue a college career in engineering, mathematics or the sciences relating to space technology. This scholarship is awarded without regard to race, color, sex, or creed.

## INSTRUCTIONS TO APPLICANTS:

- \_\_\_\_\_ 1. Read the entire application blank carefully. Use this instruction list as a checklist, making sure you have completed each step. Complete and return electronically.  
**Deadline for applications is Friday, February 29, 2024.**
- \_\_\_\_\_ 2. A **complete transcript** of your school record, including current subjects, and your test scores (SAT and/or ACT, if available) is required. Students who apply must have a minimum grade point average of 3.5. (It is understood your second semester senior grades will not be available, but first semester grades must be included.) The **transcript**, accompanied by a **copy of your school's grading system**, must be sent electronically to Mandy Lovell at [mandylovell@kentisd.org](mailto:mandylovell@kentisd.org) before 4 P.M. Friday, February 29, 2024 by your guidance counselor or high school principal office.
- \_\_\_\_\_ 3. **Secure three letters of recommendation** Two from your high school science and/or mathematics instructors and one from an employer, coach or community/volunteer service leader.
- \_\_\_\_\_ 4. Send your application, the transcript, and the three letters of recommendation to the Scholarship Fund Committee electronically as listed above.

**IMPORTANT: It is your sole responsibility to have the complete application sent electronically to Mandy Lovell at [mandylovell@kentisd.org](mailto:mandylovell@kentisd.org) before 4 P.M. Friday, February 29, 2024.**

Full name of applicant \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

High School currently attending \_\_\_\_\_

High School Grade Point Average \_\_\_\_\_ Class Size \_\_\_\_\_ Class Rank \_\_\_\_\_

**ROGER B. CHAFFEE SCHOLARSHIP APPLICATION**

For what career do you plan to prepare? \_\_\_\_\_  
\_\_\_\_\_

Course of study \_\_\_\_\_  
\_\_\_\_\_

List those colleges or universities that you have applied to: \_\_\_\_\_  
\_\_\_\_\_

List those colleges where you have been accepted: \_\_\_\_\_  
\_\_\_\_\_

Which college do you plan to (or hope to) attend? \_\_\_\_\_

List any athletic or extracurricular activities that you participated in during high school, as well as any awards received from these: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any office or leadership roles that you have held in the above: \_\_\_\_\_  
\_\_\_\_\_

List any outside-of-school activities such as employment, community or volunteer service: \_\_\_\_\_  
\_\_\_\_\_

In addition to your 2 teacher recommendation letters, submit 1 letter of recommendation from any one of the following: an employer, coach, community, or volunteer service leader.

In an essay of less than 500 words, indicate why you are applying for this scholarship, your plans for the future and why you believe you should be a recipient of this scholarship. Include any additional information you feel would be helpful to the Scholarship Committee.

Name of individuals providing recommendations:

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

The undersigned hereby makes application to the **ROGER B. CHAFFEE SCHOLARSHIP FUND** and submits herewith the required information.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Electronically Deliver by 4:00 p.m. February 29, 2024 to: Mandy Lovell mandylovell@kentisd.org

RECOMMENDATION FORM

To satisfy the requirements for consideration, the applicant must secure three (3) letters of recommendation: two (2) from present or past high school math and/or science teachers and one (1) from an employer, coach or community/volunteer service leader. In addition to your letter, please complete this form on behalf of the student and include with your letter of recommendation. **Please send electronically to Mandy Lovell at [mandylovell@kentisd.org](mailto:mandylovell@kentisd.org) before 4 P.M. Friday, February 29, 2024.**

Name of applicant \_\_\_\_\_

High school student now attends \_\_\_\_\_

Your name and title \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

In what capacity have you taught this student? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Reasons for recommending this student? \_\_\_\_\_

\_\_\_\_\_

What is the vocational goal of the student? \_\_\_\_\_

	Excellent	Above Average	Average	Below Average	Comments
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1. Participation in Discussion \_\_\_\_\_
2. Involvement in Activity \_\_\_\_\_
3. Evenness of Performance \_\_\_\_\_
4. Critical and Question Attitude \_\_\_\_\_
5. Depth of Understanding \_\_\_\_\_
6. Personal Responsibility \_\_\_\_\_

Additional information you feel would be helpful to the Scholarship Committee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitter Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_