

### **Barber-Galvin Memorial Scholarship**

The Barber-Galvin Memorial Scholarship is awarded by the Barber-Galvin Memorial Scholarship Committee, consisting of Christie and Kellie's family members and close friends. This scholarship is funded by donations to the fund and the proceeds from the Sweaty Yeti Run, held annually on the second weekend of July. **Volunteering for this event is highly suggested for future applicants.** 

#### Purpose:

This scholarship was created in memory of Christie (Barber) Galvin and Kellie Barber. Christie and Kellie both graduated from East Jordan High School and Central Michigan University. Both women touched numerous people's lives, strived to help others become better people and showed perseverance and positivity to everyone they met. They believed that no matter how challenging the circumstances in which we find ourselves, every person has gifts worth recognizing and developing. This scholarship will take many factors into account, but we will honor their memory by awarding it to someone meeting the criteria that Kellie helped establish.

#### Scholarships:

The Barber-Galvin Memorial Scholarship will be awarded annually to one who exemplifies the qualities that Christie and Kellie showed in their actions and relationships: perseverance, positivity, fortitude, and continual encouragement of others.

#### Amount:

The amount of scholarship or number of scholarships awarded may vary from year to year at the discretion of the Barber-Galvin Memorial Scholarship board. Scholarship awards will be paid directly to the school in which the awardee attends.

#### **Eligibility Criteria and Selection Process:**

- East Jordan High School graduating senior
- A graduate attending a two or four year college, university or trade school.
- Preference will be given to students who have a 2.8 and above.

#### **Application Process:**

- Submitting our application form
- Completing a short essay answering the questions as outlined on application.
- At least one completed BGMS Student Recommendation Form
- Financial need statement

Application packets are available from the East Jordan High School Academic Advisor or at www.sweatyyetirun.com. Completed application and all requirements are due by March 1, 2019.



# 2019 BARBER-GALVIN MEMORIAL SCHOLARSHIP APPLICATION

| GENERAL INFORMATION   |                       |            |                       |                          |  |                  |
|---|-----------------------|------------|-----------------------|--------------------------|--|------------------|
| Applicant Name  |                       |            |                       |                          |  |                  |
| Mailing Address   |                       |            |                       |                          |  | ed to a lowing i |
| Telephone   |                       | Email_     |                       |                          |  |                  |
| Eligible for the free or reduce   | d lunch program?      | Yes        | No                    | Current GF               | PA   |                  |
| COLLEGE PLANS (list the c   | ollege(s) that you ar | e conside  | ering or plan to      | attend)                  |  |                  |
|   |                       |            |                       |                          | <u></u> :  |                  |
| What course of study do you   | plan to pursue?       |            |                       |                          |  |                  |
| WORK EXPERIENCE (If you   | have never been er    | nployed,   | please explain        | the use of you           | r time during the summer)  | mer)             |
| Employer  | Title/Wo              | rk Perforr | ned                   |                          | Dates  |                  |
|   |                       |            |                       |                          |  |                  |
| STUDENT INVOLVEMENT,  | COMMUNITY SERV        | <u> </u>   |                       |                          |  |                  |
| Please attach a list or table o<br>significant degree during you<br>an example. |                       | -          |                       |                          |  |                  |
| Activity  | Role                  |            | Hours invol           | ved (specify if          | Years Involved   |                  |
| Community Band  | Alto Sax              |            | 2 hours per           | week/Two<br>erts and mu- | 9 <sup>th</sup> , 10 <sup>th</sup> , 11 <sup>th</sup> , 12 <sup>th</sup> |                  |
| National Honors Society   | Secretary             |            | 3 hours/mo<br>ber-May | nth Septem-              | 10 <sup>th</sup> , 11 <sup>th</sup> , 12 <sup>th</sup>                   |                  |

Application Deadline: March 1, 2019



# 2019 BARBER-GALVIN MEMORIAL SCHOLARSHIP APPLICATION

| STUDENT AWARDS AND HONORS  |
|--|
| Awards or Honors received during your high school years.   |
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|  |
| PERSONAL STATEMENT/ESSAY (maximum 500 words)   |
| Christie and Kellie were amazing women who showed others how to focus on what matters-family, friendship and nard work-and who encouraged others to live each day to the fullest. They were exceptional motivators, teammates and friends.   |
| Since this scholarship is awarded in their memory we would like you to give us examples of how you have expressed the spirit of leadership and encouragement in your daily lives.  What are examples of struggles or obstacles you have encountered in your life, and how have you shown perseverance to overcome these? |
| What goals have you set for your educational future? Or where do you see yourself in five to ten years?  |
| SPECIAL CIRCUMSTANCES/FINANCIAL NEED   |
| Please include your FAFSA as well as any explanation of special circumstances that you feel the Barber-Galvin<br>Memorial Scholarship Selection Committee should know about.   |
|  |
| certify that the information provided in this application is complete and accurate. False or incomplete information may exclude me from scholarship consideration.   |
| Applicant SignatureDate  |

Application Deadline: March 1, 2019

### Barber-Galvin Memorial Scholarship Student Recommendation Form

Applicant: Please complete this portion of the form and then give it to the person who has agreed to

write a recommendation for you. Name of applicant: I hereby authorize (name of reference) \_\_\_\_\_\_ to complete this form. I hereby waive my right to access the contents of this recommendation and further understand that information contained in this recommendation will only be used for the purpose for which it was prepared. Signature of Student Date Thank you for completing this recommendation. The student named above is applying for a scholarship that was created in memory of Christie (Barber) Galvin and Kellie Barber. Both women touched numerous people's lives, strived to help others become better people and showed perseverance and positivity to everyone they met. This scholarship is awarded to an East Jordan High School graduate who exemplifies the qualities that Christie and Kellie showed in their actions and relationships: positivity, fortitude, caring and humor. Your comments and recommendations will be instrumental in verifying the applicant's qualifications for the scholarship. The deadline for applications is March 1, 2019, therefore, your prompt response is necessary to facilitate the student's chance of receiving the scholarship. Please return this form in a sealed envelope to the student. Any questions you have concerning the scholarship will be answered by Darcie Dietrich at 231-350-6008. 1. How long and in what capacity have you known the applicant? 2. Give a specific example of a time when the applicant faced a challenge and overcame it. 3. Please describe the applicant's ability to lead and/or inspire others.

| 4. Please explain why you think | this applicant has potential for success and deserves this scholarship.                                      |
|---------------------------------|--|
|                                 |  |
|                                 | additional comments related to the applicant's qualifications for a additional sheet or sheets if necessary. |
|                                 |  |
|                                 |  |
|                                 |  |
|                                 |  |
|                                 |  |
| Signature                       | Date   |
| Title                           | Employer   |
| Address                         | Telephone  |
| City, State, Zip                |  |