

# James "Jim" Bailey Scholarship

The Jim Bailey Scholarship committee shall select, from the applications submitted, deserving seniors from West Virginia high schools who will be pursuing a degree or certification from an accredited program of no more than two years. The selection shall be made as directed by the By-Laws of the Jim Bailey Scholarship Fund. Selected applicants will have funds paid directly to the institution upon request and proof of attendance or enrollment. Any unused awards shall be returned to the Jim Bailey Scholarship Fund.

## SELECTION CRITERIA

- Enrollment in a one or two year vocational or technical school upon graduation of high school
- Documented 2.5 GPA or higher (include transcript)
- Documented good attendance
- Documented financial need *(copy of page one of 1040 or 1040A)*
- Documented community service
- Displays excellent character
- Two letters of recommendation
- Application process (meet deadline, neat and complete application)

All criteria must be met and submitted preferably in the above order following page one and two of the application

Amount of award: One time award of \$600.00.

Mail to:

Joe Meadows, WVAPT Treasurer  
P.O. Box 388  
Milton, WV 25541

Deadline: April 15, 2015

# James "Jim" Bailey Scholarship Fund Application

## APPLICANT INFORMATION

Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Parent: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

High School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ School Contact: \_\_\_\_\_

School to attend: \_\_\_\_\_ Accepted? \_\_\_\_\_

School Address: \_\_\_\_\_ School Contact: \_\_\_\_\_

## FINANCIAL INFORMATION

Family income for 2014 (Line 37 of IRS 1040 or line 21 of 1040A) \$ \_\_\_\_\_

Number of family members in household \_\_\_\_\_ Other scholarships received \_\_\_\_\_

Community service: \_\_\_\_\_

## SCHOOL VERIFICATION

GPA: \_\_\_\_\_ Attendance (grade 9 to date): \_\_\_\_\_ days absent *Above or Below* school average  
(circle one)

\_\_\_\_\_  
School Official Signature Position Date

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## MAIL TO

Joe Meadows, WVAPT  
P.O. Box 388  
Milton, WV 25541

(To be completed by the student, returned to the Guidance Office to verify the information and forwarded to the above address).



**PERSONAL STATEMENT**

**Describe your plans and why you believe that you should receive this scholarship.** (Use this page to print or copy and paste information which you have typed and attach it to page one of this application.)

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_