

LAVINA WHITLOCK BERTRAM MEMORIAL SCHOLARSHIP

Provided through the
Hillsboro Educational Foundation, Inc.
2024

HISTORY

This scholarship is awarded through the Foundation by Mr. Kenneth Bertram to honor the memory of his mother, Lavina Whitlock Bertram, a graduate of Hillsboro High School

CRITERIA

- The applicant must be enrolled or accepted as a student at an accredited post-secondary 4 year Illinois College or University with the intent of studying in one of the following professional areas:
 - * Nursing
 - * Business related profession
 - * Music
 - * Other professional fields
- This award is available to a graduating FEMALE Hillsboro High School senior.
- Application must be submitted to the Counselor's Office of Hillsboro High School to be reviewed by a scholarship committee.
- Consideration will be given to the following as a whole (not limited to one)
 - * Academic Achievement {GAP, ACT/Sat, Curriculum}
 - * Extracurricular activities {FFA, 4-H, Club, Church, Community, Music , Sports}
 - *Future Plans {Choice of school, Major concentration, Plans after completion}

AWARD

- This scholarship will be announced at the Hillsboro High School Honor's Night Program.
- A letter of acceptance from recipient's school of choice will be required before designation of the award(s).
- One scholarships of \$1000.00 will be awarded to a female graduate.
- The awarded amount will be sent directly to the recipient's college of choice.

Consideration will be given only to applicants who submit a completed application by the specified deadline. Please attach the following to this application:

- Most recent completed FAFSA form;
- Documents showing costs of education, along with evidence of any grants, financial aid and scholarships you will receive, along with a letter of acceptance from the school.
- Document indicating student's class rank, along with an official HHS transcript;
- 2 letters of recommendation (1 from a teacher and 1 from a community member) indicating aspects of your character and leadership and probability of success.

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Name of Applicant: _____

Parent's Name: _____

Parent's Place of Employment:

of Siblings: _____ # of siblings in college/trade school: _____

Explain any unusual demands on your family income:

Extra-curricular activities (clubs, work, sports, etc. Attach an extra sheet if needed.)

University/school you will be attending: _____

Area of study: _____

Attach a brief (2 – 3 paragraphs, typewritten) essay detailing future plans. You should include choice of school, major concentration, and plans after completion.

Please include two letters of recommendation with your application.

Signature of student: _____ Date: _____

Signature of parent: _____ Date: _____

**Application should be returned to Mrs. Cearlock by
April 15, 2024 in the HHS Counseling Office.**