

# Wilbert H. Reisig Scholarship Fund for Parkinson's Awareness

In Collaboration with the Northshore Community Foundation's Kickin' Parkinson's Fund and

Team Fox for Parkinson's Research

## **PURPOSE**

Through the generosity of the people who live in the Greater New Orleans Metro area, the Northshore Community Foundation is able to award scholarships to graduating high school seniors who want to pursue higher education.

The Wilbert H. Reisig Scholarship Fund for Parkinson's Awareness was created in collaboration with the Northshore Community Foundation's Kickin' Parkinson's Fund and Team Fox Parkinson's Research for to offer scholarships to students that have an interest and goal of increasing the awareness in the community of Parkinson's disease. The scholarship is overseen by the Northshore Community Foundation in order to take advantage of the area foundation's management expertise. This fund is to provide cash scholarships to assist selected graduating/graduated high school students who will enroll in a college or university seeking a degree in one of the following fields: Public Health, Social Work, Psychology, Communications, Neuroscience, and Nursing. The scholarship award is to be used toward the following, in order of priority: tuition and fees; room and board; books and supplies; and commuting expenses. The recipients are to be selected by an independent Scholarship Advisory Committee that is appointed by the Foundation.

## **CRITERIA**

In making its decision, the Scholarship Advisory Committee will use the following criteria:

- Minimum GPA of 3.0
- Community Service and Extra-Curricular activities
- Good character
- Acceptance of the recipient by an accredited college or university
- Noteworthy Achievements

#### **GUIDELINES**

Each applicant must submit an application to the Scholarship Advisory Committee by March 15 to include the following:

- The completed application form. (APPLICATION DEADLINE: MARCH 15th)
- Narrative answering the following question, "If you receive this scholarship, what would you do at your college or university to raise awareness for Parkinson's disease and how?"
- A letter of recommendation from a guidance counselor or high school teacher signed by the school principal and mailed directly to the advisory committee.
- An official academic transcript including standardized test scores (minimum GPA is 3.0)
- A.C.T. (minimum 23) or S.A.T. equivalent.

College scholarship will be awarded for two semesters valued at \$750 per semester. Recipient must reapply for the scholarship each year. The recipient also must continue to demonstrate good character. At the end of each semester, the recipient will provide the Foundation with an official transcript and proof of full-time enrollment for the next semester. The subsequent scholarship check will be issued only upon receipt of these materials.

## Scholarship winners will be notified after May 1.

Should a recipient fail to meet the criteria in a given semester, the scholarship will be terminated. If the recipient has a serious reason, he or she may make a written appeal to the committee for reconsideration.

#### CONTACT

Applications for this scholarship may be obtained from:

Wilbert H. Reisig Scholarship Fund Advisory Committee c/o Northshore Community Foundation 807 North Columbia Street Covington, LA 70433



# WILBERT H. REISIG SCHOLARSHIP FUND APPLICATION

| APPLICATION   | ON DEAD    | DLINE: March 1     | 15           |      |   |
|---------------|------------|--------------------|--------------|------|---|
| PERSONAL      | . INFORM   | IATION             |              |      |   |
| Name:         |            |                    |              |      |   |
| Local Addre   | ss:        |                    |              |      |   |
| City:         |            |                    | State:       | Zip: |   |
| Telephone :   |            |                    |              |      |   |
| Birth Date:   |            |                    |              |      |   |
| Circle one:   | Male       | Female             |              |      |   |
| Circle one:   | Single     | Married            |              |      |   |
| Graduation of | date:      |                    |              |      |   |
|               | extracurri | cular activities i | •            | • •  | r high school career. Also<br>sider important. (Attach ar |
| List Notewor  | thy Achie  | vements:           |              |      |   |
| List any sch  | olarships  | and if you will re | eceive TOPS: |      |   |
| Cumulative (  | GPA:       |                    |              |      |   |
| If working, e | mployer,   | and nature of e    | mployment:   |      |   |
| Circle one:   | Full-Tim   | ne Part Time       |              |      |   |
| Name of Gu    | idance Co  | ounselor:          |              |      |   |

| What are your present career plan   | NS?                      |   |
|-------------------------------------|--------------------------|---|
|                                     |                          |   |
| FAMILY INFORMATION                  |                          |   |
| Father's Name:                      |                          |   |
| Address:                            |                          |   |
| City:                               | State:                   | Zip:  |
| His employer and nature of employ   | yment:                   |   |
| Mother's Name:                      |                          |   |
| Address:                            |                          |   |
| City:                               | State:                   | Zip:  |
| Her employer and nature of emplo    | yment:                   |   |
| Circle one: Married Separa          | ated Divorced            |   |
| Applicant presently living with:    |                          |   |
| 5                                   |                          |   |
| Please give the following informati | ion on all children in t | the family (including yourself).                |
| Name:                               |                          |   |
| Age:                                |                          |   |
| Schooling:                          |                          |   |
| Tuition:                            |                          |   |
| Working?                            |                          |   |
| Where?                              |                          |   |
|                                     |                          |   |
| List and explain any unusual curre  | ent expenses experie     | nced by your family such as medical or casualty |

# **STATEMENT**

losses that were not covered by insurance.

Name of Principal:

College or University you plan to attend:

Please provide a brief statement summarizing why you think you should be awarded a scholarship. You may use an additional sheet if necessary.

## **CERTIFICATION**

We hereby certify that the information given in this application and in all attachments thereto is true, correct and complete to the best of our knowledge. We authorize the Wilbert H. Reisig Scholarship Fund Advisory Committee to verify any and all facts provided in this application.

Applicant's Signature Date

Parent's Signature Date

#### **IMPORTANT**

Please check these items are included with your completed application:

- Topic Narrative: "If you receive this scholarship, what would you do at your college or university to raise awareness for Parkinson's disease and how."
- Principal's letter of recommendation mailed directly to the Committee
- An official student transcript including standardized test scores and the student's cumulative GPA at the end of the most recent semester.
- The applicant's ACT Score.