

SHANNA MILLER MEMORIAL SCHOLARSHIP AWARD QUALIFICATIONS AND APPLICATION

The Shanna Miller Scholarship Fund has been established in honor of Shanna Miller, Commerce Public Schools graduate and teacher who passed away after a long battle with cancer. Shanna was a distinguished student, athlete, and teacher in the Commerce school system. One of Mrs. Miller's last requests was for a scholarship program to be established in her name to help ensure that other Commerce students could pursue their goals to further their education and become productive members of society.

The Commerce High School senior who receives this award will be chosen by a committee of a minimum of 4 members comprised from the following:

- Superintendent of schools
- HS Principal
- Secondary teacher
- Elementary teacher
- Special Education teacher
- Parent
- Family member

The committee shall take into strong consideration that Mrs. Miller wanted this award to be given to a student who consistently strives for success regardless of inherent academic ability. This award shall be given to a student who plans to further their education by attending a college, technical school, or other certified post-secondary training.

Award recipients will be chosen by the following criteria:

- Student must achieve at or above their expected ability level
- Student must attend Commerce High School all 4 years
- Student must be a senior student of good character
- Shall be a good student deserving of recognition
- Student must be respected by peers, faculty, and the community
- Student must be polite, respectful, and have a good sense of humor
- Student must show leadership qualities, be patriotic, and have good attendance
- Involvement in school clubs or activities
- Involvement in activities to improve the school or community

Application process:

- Get application from the Commerce HS counselor's office
- Complete application. Completed applications must include one or two letters of recommendation.
- Submit 4 copies of the application and letters of recommendation to the HS counselor by the date specified by the HS principal and counselor.

SHANNA MILLER MEMORIAL SCHOLARSHIP APPLICATION
Deadline for Scholarship Application: Set by HS principal and counselor

PLEASE TYPE ENTIRE APPLICATION

Name of Applicant _____

Home Address _____

Phone number _____

Year of HS Graduation _____

Proposed Post-Secondary Major/Field of Study _____

Future Career/Vocation _____

College or Training Facility you plan to attend _____

Semester/Year you plan to enroll in this facility _____

Date ACT test taken (if applicable) _____

Have you applied/been accepted to the above college/training facility _____

We, the undersigned, hereby declare the information presented in this application to be true and accurate, and that if the scholarship is awarded to the senior named above all funds will be used for expenses directly related to the education/training of this student.

Student signature _____ Date _____

Parent/guardian signature _____ Date _____

For office use only:

Date application received _____

Received by _____

