

# Officer Derek Owens' College Scholarship Fund Application



[www.owensscholarship.org](http://www.owensscholarship.org)

**SPONSOR:** Academy Class 118

**APPLICATION DEADLINE:** Wednesday, June 8, 2011

**SCHOLARSHIP DESCRIPTION:** The Derek Owens' College Scholarship Fund was created in memory of Fallen Cleveland Police Officer Derek Owens. The academy classmates of Officer Owens chose to keep his memory alive by collectively donating a \$500 scholarship to a student of his High School Alma Mater.

We believe by annually asking the seniors of St. Peter Chanel High School to research and write an essay about the life and death of Officer Owens this will keep his life, sacrifice and memory alive for years to come. This award will assist students pursuing their education beyond high school. This award is available to students who qualify under the listed guidelines and are seniors of St. Peter Chanel High School.

**APPLICATION REQUIREMENTS:** Each applicant must be a high school senior (12<sup>th</sup> Grade) and must pursue a four-year degree or better.

**SELECTION OF RECIPIENT:** Applicants will complete all the information on the application as well as a 500 word essay. The applications and essays will be reviewed by a committee and the winning applicant will be awarded the scholarship in conjunction with the administrators at St. Peter Chanel High School. Should several essays stand out as a tie (per se) a lottery will be performed to select the recipient.

**REMITTANCE ADDRESS:** In Care of/GerbecDesigns  
(SNAIL MAIL DEADLINE: POST DATE Wednesday, June 8, 2011)  
P.O. Box 34059  
Parma, Ohio 44134

You may also submit your essay via e-mail to [designs@gerbec.com](mailto:designs@gerbec.com)  
(ELECTRONIC DEADLINE: Wednesday, June 8, 2011)

*Note: All essays must be approved by the St. Peter Chanel High School Administrator*

**CRITERIA:** The Officer Derek Owens Scholarship Fund Committee is looking for a well written essay that is heartfelt, sincere and that captures the life and/or sacrifice that Officer Derek Owens made and how it has affected you and/or how it will shape your future actions.

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## APPLICATION DATA:

NAME Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

MAILING Street \_\_\_\_\_

ADDRESS City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME OF PARENT \_\_\_\_\_

### HIGH SCHOOL DATA

SCHOOL NAME \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED AND SIGNED  
BY HIGH SCHOOL PRINCIPAL OR COUNSELOR.**

At the end of grade 12:

Applicant's Rank: \_\_\_\_\_ in a class of \_\_\_\_\_ students

Cumulative grade point average \_\_\_\_\_ /4.0 scale

### PLANNED POST-HIGH SCHOOL DATA

Name of college you plan to attend in the fall

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Major or Course of Study \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SELECTION OF RECIPIENTS:

*The Officer Derek Owens' Scholarship Fund Committee has the sole responsibility for selecting recipients.*

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## SCHOOL ACTIVITIES:

List all school activities in which you have participated during the last 4 years (i.e. student government, music, sports, etc.) Indicate all special awards and honors. List all leadership positions and offices held. Include the years of participation for each activity or honor. List any volunteer activities.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

*(You may add an additional page if needed.)*

## **CERTIFICATION**

*In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted. Failure to pursue four-year degree will terminate scholarship grant. Any paid funds shall be immediately refunded to The Officer Derek Owens' Scholarship Fund by check or money order by the undersigned. All scholarship monies will be paid directly to the College or University by the Scholarship Fund.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_