



acp
 Association of
 Community
 Publishers



The Bob Wright Memorial Scholarship

Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Name of Publication _____ City _____

Completed applications must be received by March 31, 2025 by
 Deborah Phillips, Scholarship Chairperson
 403 US Route 302, Barre, VT 05641

The Bob Wright Memorial Scholarship

OFFICIAL APPLICATION

The Bob Wright Memorial Scholarship is presented annually in May.

The number and amount of scholarships is decided in December, according to the interest earned that year. The scholarship is based on need and merit. Scholarships will be awarded in 2025. It is mandatory that, the fall semester immediately following selection, the scholarship award winners attend a college, university or school of their choice. The disbursement must be made within twelve (12) months of selection. Money forfeited will return to the scholarship fund. Previous scholarship recipients will only be considered if not enough new applicants apply.

QUALIFICATIONS

1. Applicant's parent, grandparent or legal guardian must work for a community paper is a current member of the Association of Community Publishers.
2. Applicant must be a high school graduating senior or a current college student.
3. Applicant is not limited to attending a four-year college. Vocational schools, trade schools and community colleges are also accepted.
4. Applicant shall have manifested an interest in, or an understanding of, the free paper industry at the time of application.
5. Applicant shall have submitted an official Application of Scholarship, complete with all transcripts, recommendations and forms required, to the Scholarship Award Committee by March 31, 2025.
6. A copy of his/her grades and class ranking and relevant standardized test scores (SAT, ACT, SCAT, PSAT) shall accompany the application. Please indicate which test scores are being submitted. Please describe grading system (i.e. A=; B=, etc.)

IF NUMBER 6 (in total) IS OMITTED, APPLICANT WILL BE DISQUALIFIED. Please stress the importance of class ranking and grading system to your principal or superintendent as the Scholarship Committee needs this to fairly judge your application.

7. Applicant must maintain a "C" average to receive Scholarship monies. Please provide class rank in the following form:

Rank: _____

Size of Class: _____

8. Two recommendations must be obtained to complete the application: • One from a current ACP member (non-relative) publisher/general manager and • one from your choice of the following categories 1) Business person in the community; 2) FFA, 4-H, Boy or Girl Scout adult leader; 3) pastor or church youth advisor; or 4) employer. The applicant should determine which people would offer the best recommendations. Photocopy the personal recommendation form and distribute it to the two individuals chosen. These are confidential and each is to be mailed by the references directly to Deborah Phillips, Scholarship Chairperson, 403 US Route 302, Barre, VT 05641.

CRITERIA TO BE USED BY THE JUDGES IN THEIR SELECTION OF THE RECIPIENT/S

1. Neatness of application which can be in the applicant's own handwriting.
2. Scholarship — a transcript of the applicant's high school or university, vocational or trade school grades.
3. Past accomplishments.
4. Leadership accomplishments.
5. Initiative and participation in the community, school, etc. The ability to start, stay and finish with a project. This should include extracurricular activities at current school. In the case of post high school applicants, consideration will be given to students employed to assist with school expenses.
6. An essay of up to 500 words on "why I want to further my education and why this scholarship is important to me."
7. A personal interview, perhaps by phone, may be required if judging is close.

DEADLINE FOR SUBMITTING APPLICATIONS:

Applications completed with two references (mailed separately) must be received by March 31, 2025, by Deborah Phillips, Scholarship Chairperson, 403 US Route 302, Barre, VT 05641

2025 SCHOLARSHIP APPLICATION

Name: _____ Age: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

Email _____

Name of High School: _____ Year Graduate(d): _____

Parent, grandparent or guardian who works for an ACP publication: _____

Name of Publication: _____ City: _____ State/Province: _____

Publisher's Name : _____ Publisher Signature: _____

Applicant Information to be filled out by applicant.

List awards, activities and organizations and the number of years that you have participated in each:

HIGH SCHOOL: Awards:

Activities: _____

Organizations: _____

COMMUNITY: i.e. church, civic organizations, etc.

Awards: _____

Activities: _____

Organizations: _____

EDUCATION PLANS:

What college, vocational school or trade school do you plan to attend?

(Applicants are not limited to attendance at a four-year college.)

List any scholarships or other financial aid and amount awarded for the coming year.

ESSAY:

Please submit an essay up to 500-words on “Why I feel it is important to further my education and why this scholarship is important to me.”

RECOMMENDATIONS

To be filled out by the applicant’s Guidance Counselor or Teacher-Advisor.

Grade Point Average: _____

(Please include a copy of grades)

High School Class Rank: _____

Your Name and Title (Please Print): _____

Signature: _____ Date: _____

To be filled out by the current ACP member's employee (non-relative)

I recommend this student for the Scholarship Award because

Your name and title (please print): _____

Signature: _____ Date _____

I personally verify that all statements within this application are true to the best of my knowledge and belief, and consent to the use of my photograph in publicity press releases announcing the scholarship award.

Printed or Typed Name of Applicant: _____

Signature of Applicant: _____ Date Submitted: _____

Application Checklist

Applications, complete with three separately-mailed references, must be received by the Scholarship committee by March 31, 2025.

Mail applications to: Deborah Phillips, Scholarship Chairperson,
403 US Route 302, Barre, VT 05641

Winning applicants will be required to send a photo of themselves for inclusion in the ACP newsletter.

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| ___1. Complete applicant information | ___5. Essay up to 500-Words |
| ___2. Publisher's signature | ___6. Transcripts & Test Scores |
| ___3. Guidance counselor's signature | ___7. Photo of applicant enclosed |
| ___4. ACP Member Employees's Signature | ___8. Send reference request to three individuals, with instructions regarding submission address & deadline |

Personal Recommendation For The Bob Wright Memorial Scholarship Award

Date due to Scholarship Chairperson - March 31, 2025.

Please Note: The applicant has furnished us information of activities and winnings. We would appreciate your candid appraisal of this applicant's attributes and character.

Name of applicant: _____

How long have you known applicant? _____

To what degree of confidence do you recommend this applicant for scholarship?

Highly _____ Good _____ Fair _____ With some doubt _____

Personal Rating of Applicant:

	Excellent	Good	Fair	Poor
Intelligence	_____	_____	_____	_____
Personality	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Citizenship	_____	_____	_____	_____
Ability to Communicate	_____	_____	_____	_____

Comments: (This space only please):

Date: _____ Signed: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Please mail directly to: **Scholarship Chairperson, Deborah Phillips
403 US Route 302, Barre, VT 05641**