### **Optimist Club of Lamoni**



# THE DR. CHARLES O. SNETHEN SCHOLARSHIP

The Optimist Club recognizes that education is the key to a better way of life for our children. And no one with the Optimist Club of Lamoni understood that connection better than our long time member Charles Snethen. Charles worked tirelessly for the children of the community. It is because of his strong conviction in service and his belief in education, that we name our scholarship in his honor. The Dr. Charles O. Snethen Scholarship is given to Lamoni High School students whose service to the community and potential for growth and change are best aligned with their future goals.

#### **SCHOLARSHIP AWARD**

There will be *two* \$500 scholarships awarded to Lamoni High School graduates attending a post-secondary school.

### CANDIDATE ELIGIBILITY AND QUALIFICATIONS

In order to be considered for the scholarship, the student must satisfy the following minimum requirements.

- Candidates must have two letters of recommendation one from an educator and one from an outside source (Not a relative).
- Candidates must provide a high school transcript (7 semesters).
- Candidates must have participated in extra curricular activities, service to the community or work experience.
- Candidates must provide documentation describing their goals and service to others. This documentation may be presented in the form of a 400 – 600 word essay, a poster presentation, a Power Point presentation or a short movie.
- Completed application must be submitted to the Optimist Club of Lamoni on or before April 15, 2022.

## DR. CHARLES O. SNETHEN SCHOLARSHIP APPLICATION 2021-22

Will be attending a Four Year College/University
Will be attending 2 Year College, Technical College, or Trade School

PLEASE USE SEPARATE SHEETS IF NEEDED

Total Number in Household:

## PLEASE PRINT CLEARLY

STUDENT'S NAME:				
	Last	First	Middle	
MAILING ADDRESS:				
TELEPHONE:	Street			ity, State, Zip
	e Phone with area code)		(Cell Phone with area	a code)
EMAIL ADDRESS: _				
Post-Secondary S	SCHOOL ATTENDING:			
Alternate Choice(s)	):			
Parents'/Guardiai	NS' NAMES:			
SERVICE TO THE CO	MMUNITY:			
Extracurricular Activities & Interests:				
Honors / Achievements:				
EMPLOYMENT RECORD: (INCLUDE SUMMER, PART, & FULL-TIME EMPLOYMENT)				
Name of B	usiness	City & Sta	ate	Dates

# DR. CHARLES O. SNETHEN SCHOLARSHIP APPLICATION 2021-22

#### ESSAY OR OTHER DOCUMENTATION:

Please write an essay of 400 – 600 words, (typed, double spaced on a separate page), create a poster, develop a power point presentation or create a movie on the following:

Describe your vision for your career path and where you see yourself working and living following graduation. Which of your personal qualities and life experiences do you believe will be most beneficial in helping you to reach your goals? How do you envision yourself providing service to your community?

Please return this application with a high school transcript to:

#### Scholarship Committee c/o Lynda Farnham 16074 Tyler Street Liberty Center IA, 50145

Must be postmarked **OR** given to Mrs. Farnham by April 15, 2022

APPLICANT'S SIGNATURE

Date