

February 21, 2008

Robert C. Byrd High School
Attn: Mr. Nardelli
One Eagle Way
Clarksburg, WV 26301

RE: Lucille Harrison Charitable Trust Scholarship

Dear Principal and Guidance Counselor:

As trustee of the Lucille Harrison Charitable Trust, I am writing to inform you that Lucille Harrison a long-time resident of Harrison County has graciously established a scholarship fund to assist young people of Harrison County with obtaining a post-secondary education. Mrs. Harrison believes there are many young people, lacking financial means, who may not be able to qualify for other scholarship assistance, but who nevertheless are deserving of an opportunity to further their education so they might be able to obtain a college education and one day better serve society.

The scholarship period will consist of the first four years of higher education at a public (i.e. State funded), accredited college or university of his or her choice in West Virginia. The selection of the scholarship candidates is needed by May 1st. You will be notified annually of the availability of this scholarship.

Each Principal, together with the guidance counselors at their respective high school, shall select up to a maximum of two (2) students meeting all of the requirements listed below. Each candidate shall be *certified* by the Principal of his or her high school to the Scholarship Committee by the deadline provided in the previous paragraph. Such certification shall include an application, which has been provided along with reasons for the selection of the candidate, and any other such information as requested by the Committee. At the time a candidate is selected, he or she shall meet each of the following qualifications:

- Scholarship Candidate shall be a permanent resident of Harrison County, West Virginia.
- Scholarship Candidate shall be eligible to graduate from high school in the same academic year of his or her selection as a Scholarship Candidate.
- Scholarship Candidate, and his or her immediate family, shall be without financial means (independent of borrowing) from which to fund the costs of his or her higher education.

- Scholarship Candidate shall be of good character and reputation, unselfish and ambitious, and have the ability and desire to pursue a four (4) year degree at a public (i.e. State funded), accredited college or university of his or her choice located in West Virginia.
- Scholarship Candidate shall be selected without regard to race, color, religion, creed, national origin, or sex.

Please submit the applications and certifications to the following address by May 1st:

Lucille Harrison Charitable Trust Scholarship
Huntington National Bank, Trustee
Attn: Carla Parsons – WE3013
P.O. Box 633
Charleston, WV 25322-0633

The Scholarship Committee will meet to review the applications and select the student(s) who will receive the Scholarship. The student(s) who are selected will be notified by mail of the Committee's decision in August.

If you have any further questions or concerns, please do not hesitate to contact me at (304) 348-4582.

Sincerely,



Carla D. Parsons
Assistant Vice President &
Trust Officer

**THE LUCILLE HARRISON CHARITABLE TRUST
SCHOLARSHIP APPLICATION**

1. _____
Name (Last) (First) (Middle)
2. _____
Street City
3. _____
County State Zip Telephone
4. Are you a permanent resident of Harrison County? _____
5. _____ M _____ F _____
SSN Sex Date of Birth
6. E-mail address _____
7. Father's or Guardian's Name _____
Address _____ Phone No. _____
Father's or Guardian's Occupation _____
Employer _____ Phone No. _____
Employer's Address _____
Mother's or Guardian's Name _____
Address _____ Phone No. _____
Mother's or Guardian's Occupation _____
Employer _____ Phone No. _____
Employer's Address _____
8. List other dependant family members in the same household, their relationship to you, their ages and indicate if they are employed full-time or are college students.

9. State funded, accredited college or university for which the loan is requested and the anticipated subject area.

School	City	Subject Area
Accredited – Yes () No ()	Accepted ()	
Acceptance pending ()	Enrolled ()	
Will live on campus ()	Will Commute ()	

10. Schools attended (Ninth grade through present)

Name of School	Dates Attended
Name of School	Dates Attended
Name of School	Dates Attended

QUESTION 11 FOR HIGH SCHOOL SENIORS ONLY

11. High School Graduation Date _____ Number in Class _____
 Rank in Class _____ High School G.P.A. _____
 ACT Scores _____ SAT Scores _____
 National Merit Qualifying Scores _____
 Present Year in School _____ Cumulative G.P.A. _____

12. List membership and participation in school organizations and activities. Specify any positions of leadership. Please do not abbreviate organization and/or club name(s).

13. List membership and participation in community, civic, and religious organizations and activities. Specify any position of leadership. Please do not abbreviate.

14. List any honors awarded.

15. List work experience.

Employer	Phone No.	From	To	Position
Employer	Phone No.	From	To	Position
Employer	Phone No.	From	To	Position

16. List other scholarships, grants, and loans you are seeking or which have been awarded.

Source	Amount Sought/Received	Granted ()	Pending ()
Source	Amount Sought/Received	Granted ()	Pending ()

17. Where do you expect to obtain funds for school?

Scholarship _____ Parents _____ Part-time Work _____ Loans _____ Other _____

18. Circle family income range:

Under \$10,000 \$10,000 - \$14,000 \$15,000 - \$24,999
\$25,000 - \$34,999 \$35,000 - \$44,999 \$45,000 & Over

19. Please state any unusual family or personal circumstances you feel warrant the attention of the selection committee.

I certify that the information contained in this application is complete and accurate to the best of my knowledge.

Applicant's signature

Date

Along with this application you must submit the following:

- * Transcripts from all high schools
- * A completed copy of your Federal Aid Form
- * A copy of your parents' last Federal Income Tax return
- * Three letters of recommendation
- * Letter of acceptance from college/university

Applications will not be considered if the required items are not submitted.

Return this completed application, along with the required items listed above to your high school counselor.

**DEADLINE FOR SUBMITTING A COMPLETED APPLICATION IS MAY 1st,
WHICH MEANS THE APPLICATION MUST BE RECEIVED BY HUNTINGTON
NATIONAL BANK BY THE DEADLINE DATE.**

**Huntington National Bank will notify the recipient(s) of the scholarship in writing by
August 15th.**

- | | |
|---|---------|
| 4. This student has contributed to the school activities. | 1 2 3 4 |
| 5. Achievement records reflect this student's ability. | 1 2 3 4 |
| 6. This student is emotionally able to cope with future academic requirement. | 1 2 3 4 |
| 7. This student's career choice is realistic. | 1 2 3 4 |
| 8. This student's attitude will be an asset to educational and career plans. | 1 2 3 4 |
| 9. Your expectation of this student's academic success. | 1 2 3 4 |
| 10. Your expectation of this student's career success. | 1 2 3 4 |

D. Unusual circumstances or factors which you feel warrant special attention.

E. In a class of _____ students, this student ranks _____.

F. Transcript of grades is () attached () to be forwarded immediately.

Appraiser's Name _____ Date _____

Title _____

Address _____

Appraiser's Signature

The Lucille Harrison Charitable Trust
Statement of Receipts vs Expenses

Receipts

Savings (Current or potential).....
Employment.....
Parental or other contributions.....
Grants/Scholarships.....
Loans.....
Other (Please explain below).....
.....
.....
.....

TOTAL RECEIPTS.....

Expenses

Tuition (Full Year).....
Room & Board (Full Year).....
Books & Supplies (Full Year).....
Fees (If any, full year).....
Miscellaneous (Please explain below).....
.....
.....
.....

TOTAL EXPENSES.....

LESS TOTAL RECEIPTS.....

NEEDED (SHORTFALL).....

COUNSELOR SHOULD PLACE THIS PERMISSION NOTICE IN STUDENT'S FILE

I hereby give my permission to the respective high school and/or college I attend or plan to attend to release a copy of my transcript of grades, class rank, college board scores, and financial aid commitments offered to me as an enrolling student. I also agree to permit to share the information on my Lucille Harrison Charitable Trust Scholarship application, together with the supporting financial data, with any other student aid funding source to which I have applied. I further certify that the information contained in my application is complete and accurate to the best of my knowledge.

Signature of Person Accessing File

Applicant's Signature

Date of File Access

*Witness to Applicant's Signature

*The witness to this application should be a person who can vouch for the validity of information contained on the student's application. You are, therefore, urged to find a witness who knows you well enough to support the statements you have made.