

## Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning 5/01, 2002, and ending 4/30, 2003

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type  
See  
specific  
instructionsAMERICAN CLASSICAL LEAGUE  
MIAMI UNIV, 422 WELLS MILL DR  
OXFORD, OH 45056

## D Employer Identification Number

31-0555960

## E Telephone number

513-529-7741

## F Accounting method

☐ Cash ☒ Accrual  
☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
 charitable trusts must attach a completed Schedule A  
 (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If Yes enter number of affiliates

H (c) Are all affiliates included? ☐ Yes ☐ No

(If No attach a list See instructions)

H (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit GEN

M Check ☒ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

## G Web site N/A

J Organization type  
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than  
 \$25,000. The organization need not file a return with the IRS, but if the organization  
 received a Form 990 Package in the mail, it should file a return without financial data.  
 Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 524,480

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	7,368	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 7,368 noncash \$ )	1d	7,368	
2	Program service revenue including government fees and contracts (from Part VII line 93)	2	278,601	
3	Membership dues and assessments	3	208,236	
4	Interest on savings and temporary cash investments	4	6,536	
5	Dividends and interest from securities	5	16,234	
6a	Gross rents	6a		
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe )	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		8d		
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII line 103)	11	7,505	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	524,480	
13	Program services (from line 44, column (B))	13	535,639	
14	Management and general (from line 44, column (C))	14	31,121	
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16	3,200	See Statement 1
17	Total expenses (add lines 16 and 44, column (A))	17	569,960	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-45,480	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,014,245	
20	Other changes in net assets or fund balances (attach explanation)	20	-58,268	See Statement 2
21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)	21	910,497	

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) See Stmt 3 (cash \$ 11,303 non cash \$ )	22 11,303	11,303.		
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 16,200.	16,200.		
26	Other salaries and wages	26 90,010.	67,083.	22,927	
27	Pension plan contributions	27			
28	Other employee benefits	28 24,166	18,066	6,100	
29	Payroll taxes	29 21,556	19,802	1,754	
30	Professional fundraising fees	30			
31	Accounting fees	31 680	340	340	
32	Legal fees	32			
33	Supplies	33 3,802	3,802		
34	Telephone	34 502	502		
35	Postage and shipping	35 20,034	20,034		
36	Occupancy	36 12,740	12,740		
37	Equipment rental and maintenance	37 8,948	8,948		
38	Printing and publications	38 16,209	16,209		
39	Travel	39 14,400	14,400		
40	Conferences, conventions, and meetings	40 86,983	86,983		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 7,733	7,733		
43	Other expenses not covered above (itemize)				
a	Committee costs	43a 6,522	6,522		
b	Insurance	43b 3,975	3,975		
c	Office Expense	43c 9,883	9,883		
d	Program service costs	43d 111,580	111,580		
e	TMRC materials cost	43e 99,534	99,534		
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 566,760	535,639	31,121	0

Joint Costs Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ , (ii) the amount allocated to program services \$ , (iii) the amount allocated to management and general \$ , and (iv) the amount allocated to fundraising \$

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? See Statement 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and  
(4) organizations and  
4947(a)(1) trusts but  
optional for others)

a	<u>See Statement 5</u>	
	(Grants and allocations \$ 11,303.)	535,639
b		
	(Grants and allocations \$ )	
c		
	(Grants and allocations \$ )	
d		
	(Grants and allocations \$ )	
e	Other program services (Grants and allocations \$ )	
f	Total of Program Service Expenses (should equal line 44, column (B), program services)	535,639

**Part IV Balance Sheets** (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end of year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash – non interest bearing		45	
	46 Savings and temporary cash investments	549,505	46	562,435
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	62,457	52	62,000
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 384,853	54	276,836
	55a Investments – land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
	56 Investments – other (attach schedule)		56	
	57a Land, buildings and equipment basis	57a 44,891		
	b Less accumulated depreciation (attach schedule) Statement 6	57b 32,511	20,113	57c 12,380
58 Other assets (describe ▶ _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,016,928	59	913,651	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	2,683	60	3,154
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees and key employees (attach schedule)		63	
	64a Tax exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
	66 <b>Total liabilities</b> (add lines 60 through 65)	2,683	66	3,154
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,014,245	67	910,497
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,014,245	73	910,497
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	1,016,928	74	913,651

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	436,463
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ -88,017.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	-88,017
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	524,480
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	524,480

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	569,960
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	569,960
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	569,960

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 7				
		0	0	16,200

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes

☒ No

If 'Yes,' attach schedule — see instructions

**Part VI Other Information** (See instructions)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	<b>77</b>	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<b>79</b>	X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b> If 'Yes,' enter the name of the organization <u>NATIONAL LATIN EXAM 54-1370067</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instructions	<b>81a</b>	0
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	<b>82b</b>	N/A
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A
<b>85 501(c)(4) (5) or (6) organizations a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes,' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	<b>85b</b>	N/A
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	N/A
<b>86 501(c)(7) organizations Enter a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	N/A
<b>87 501(c)(12) organizations Enter a</b> Gross income from members or shareholders	<b>87a</b>	N/A
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>	N/A
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	<b>88</b>	X
<b>89a 501(c)(3) organizations Enter</b> Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> .		
<b>b 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	<b>89b</b>	X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		0
<b>90a</b> List the states with which a copy of this return is filed <u>OHIO</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	<b>90b</b>	0
<b>91</b> The books are in care of <u>GERI DUTRA</u> Telephone number <u>513-529-7741</u> Located at <u>422 WELLS MILL DR, OXFORD, OH</u> ZIP + 4 <u>45056</u>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	<b>92</b>	N/A

**Part VII Analysis of Income-Producing Activities** (See instructions)**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> ACL/JCL PROGRAM SERVI					55,424
<b>b</b> INSTITUTE CONFERENCE					59,290
<b>c</b> TMRC TEACHING MATERIA					163,887
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments.					
<b>g</b> Fees & contracts from government agencies.					
<b>94</b> Membership dues and assessments					208,236
<b>95</b> Interest on savings & temporary cash invmnts			14	6,536	
<b>96</b> Dividends & interest from securities			14	16,234	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b>					
<b>b</b> ADVERTISING					7,505
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				22,770	494,342
<b>105</b> Total (add line 104, columns (B), (D), and (E))					517,112

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	See Statement 8
2	
3	
4	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)**a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
☐ Yes ☒ No
**b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
☐ Yes ☒ No
**Note** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

 9-11-03  
 Date

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

**Supplementary Information — (See separate instructions )**

**▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

Name of the organization

AMERICAN CLASSICAL LEAGUE

Employer identification number

31-0555960

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions List each one If there are none, enter 'None' )

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE		0	0.	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions List each one (whether individuals or firms) If there are none, enter 'None' )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
Total number of others receiving over \$50,000 for professional services ▶	0	





**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,520	5,884	17,687	4,745	32,836
<b>16</b> Membership fees received	214,276	208,038	211,878	218,063	852,255
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	359,678	324,293	352,153	353,321	1,389,445
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	23,030	27,384	50,554	48,495	149,463
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	601,504	565,599	632,272	624,624	2,423,999
<b>24</b> Line 23 minus line 17	241,826	241,306	280,119	271,303	1,034,554
<b>25</b> Enter 1% of line 23	6,015	5,656	6,323	6,246	
<b>26 Organizations described on lines 10 or 11</b> a Enter 2% of amount in column (e), line 24 <b>N/A</b>					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add Amounts from column (e) for lines <b>18</b> <u>149,463</u> <b>19</b> <u>149,463</u>					
<b>22</b> <u>149,463</u> <b>26b</b> <u>149,463</u>					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year.					
(2001) <u>0</u> (2000) <u>0</u> (1999) <u>0</u> (1998) <u>0</u>					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2001) <u>0</u> (2000) <u>0</u> (1999) <u>0</u> (1998) <u>0</u>					
c Add Amounts from column (e) for lines <b>15</b> <u>32,836</u> <b>16</b> <u>852,255</u>					
<b>17</b> <u>1,389,445</u> <b>20</b> <u>1,389,445</u> <b>21</b> <u>1,389,445</u>					
d Add Line 27a total <u>0</u> and line 27b total <u>0</u>					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) <b>27f</b> <u>2,423,999</u>					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. <b>Do not file this list with your return.</b> Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions )  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?**29**

Yes No

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?**30****31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?**31**

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement )

**32** Does the organization maintain the following**a** Records indicating the racial composition of the student body, faculty, and administrative staff?**32a****b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?**32b****c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?**32c****d** Copies of all material used by the organization or on its behalf to solicit contributions?**32d**

If you answered 'No' to any of the above please explain (If you need more space, attach a separate statement )

**33** Does the organization discriminate by race in any way with respect to**a** Students' rights or privileges?**33a****b** Admissions policies?**33b****c** Employment of faculty or administrative staff?**33c****d** Scholarships or other financial assistance?**33d****e** Educational policies?**33e****f** Use of facilities?**33f****g** Athletic programs?**33g****h** Other extracurricular activities?**33h**

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement )

**34a** Does the organization receive any financial aid or assistance from a governmental agency?**34a****b** Has the organization's right to such aid ever been revoked or suspended?**34b**

If you answered 'Yes' to either 34a or b please explain using an attached statement

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation**35**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table — <div style="display: flex; justify-content: space-between;"> <div> <b>If the amount on line 40 is —</b>            Not over \$500,000            Over \$500,000 but not over \$1,000,000            Over \$1,000,000 but not over \$1,500,000            Over \$1,500,000 but not over \$17,000,000            Over \$17,000,000         </div> <div> <b>The lobbying nontaxable amount is —</b>            20% of the amount on line 40            \$100,000 plus 15% of the excess over \$500,000            \$175,000 plus 10% of the excess over \$1,000,000            \$225,000 plus 5% of the excess over \$1,500,000            \$1,000,000         </div> </div>		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	<b>44</b>	
<b>Caution</b> If there is an amount on either line 43 or line 44, you must file Form 4720		

**4 -Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 )

Lobbying Expenditures During 4 -Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h )
- c** Media advertisements
- d** Mailings to members, legislators or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h )

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

BAA

Schedule A (Form 990 or 990-EZ) 2002



## AMERICAN CLASSICAL LEAGUE

31-0555960

**Statement 1**  
**Form 990, Part I, Line 16**  
**Payments to Affiliates**

<u>Name and Address</u>	<u>Purpose of Payment</u>	<u>Amount</u>
NAT'L COM OF LATIN & GREEK 11371 MATINICUS CT CYPRESS, CA 90630	SUPPORT	\$ 3,200.
<b>Total</b>		<b>\$ 3,200</b>

**Statement 2**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

ACCUMULATED TRUST DISBURSEMENT	\$ 29,749
UNREALIZED CAPITAL LOSS	-88,017
<b>Total</b>	<b>\$ -58,268</b>

**Statement 3**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Cash Grants and Allocations

Class of Activity	SCHOLARSHIPS	
Donee's Name	AMY ELFRITS	
Donee's Address	6616 FOUNTAINS BLVD #9 WEST CHESTER, OH 45069	
Relationship of Donee	NONE	
Amount Given		\$ 421
Class of Activity	SCHOLARSHIPS	
Donee's Name	IAN HOCKBERG	
Donee's Address	8922 GLENBROOK ROAD FAIRFAX, VA 22031	
Relationship of Donee	NONE	
Amount Given		498
Class of Activity	SCHOLARSHIPS	
Donee's Name	EMILY SAVAGE	
Donee's Address	821 MARSH STREET MUNCIE, IN 47303	
Relationship of Donee	NONE	
Amount Given		146.
Class of Activity	SCHOLARSHIPS	
Donee's Name	SHARON SCHIER	
Donee's Address	4900 HARBOR OAKS LANE CHATTANOOGA, TN 37416	
Relationship of Donee	NONE	
Amount Given		238
Class of Activity	SCHOLARSHIPS	
Donee's Name	CRAIG McVAY	

## AMERICAN CLASSICAL LEAGUE

31-0555960

Statement 3 (continued)  
Form 990, Part II, Line 22  
Grants and Allocations

Cash Grants and Allocations

Donee's Address	2417 DEMING AVENUE COLUMBUS, OH 43202		
Relationship of Donee	NONE		
Amount Given		\$	500
Class of Activity	SCHOLARSHIPS		
Donee's Name	DAVID CAMDEN		
Donee's Address	601 CUSTER DRIVE LYNCHBURG, VA 24502		
Relationship of Donee	NONE		
Amount Given			1,000
Class of Activity	SCHOLARSHIPS		
Donee's Name	LISA SCHILLING		
Donee's Address	6800 TUPELO LANE CINCINNATI, OH 45243		
Relationship of Donee	NONE		
Amount Given			1,000
Class of Activity	SCHOLARSHIPS		
Donee's Name	DEVIN REID		
Donee's Address	38226 MONTICELLO DRIVE PRAIRIEVILLE, LA 70769		
Relationship of Donee	NONE		
Amount Given			1,500
Class of Activity	SCHOLARSHIPS		
Donee's Name	ANNE WYNN		
Donee's Address	1911 18th STREET, APT J-7 BELLINGHAM, WA 98225		
Relationship of Donee	NONE		
Amount Given			1,500
Class of Activity	SCHOLARSHIPS		
Donee's Name	RACHEL RAINES		
Donee's Address	408 SCARLET TANAGER DRIVE COLLIERVILLE, TN 38017		
Relationship of Donee	NONE		
Amount Given			1,000
Class of Activity	SCHOLARSHIPS		
Donee's Name	VIET LUONG		
Donee's Address	10 WINTER STREET, #3 BOSTON, MA 02122		
Relationship of Donee	NONE		
Amount Given			1,000
Class of Activity	SCHOLARSHIPS		
Donee's Name	CATHERINE URBAN		
Donee's Address	6307 CALUMET AMARILLO, TX 79106		
Relationship of Donee	NONE		
Amount Given			2,500

## AMERICAN CLASSICAL LEAGUE

31-0555960

Statement 3 (continued)  
Form 990, Part II, Line 22  
Grants and Allocations

Cash Grants and AllocationsTotal Grants and Allocations \$ 11,303

Statement 4  
Form 990, Part III  
Organization's Primary Exempt Purpose

To further the study of the classics in the U S

Statement 5  
Form 990, Part III, Line a  
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
American Classical League and Junior Classical League provide teaching materials, conventions and other resources for teachers and students of the classics across the nation. With 2,871 teacher members, 51,066 student members, and 161 member libraries, they motivate students to study classic literature and languages, providing proficiency testing, an honor society and scholarships for further education.	11,303	535,639
	<u>\$ 11,303</u>	<u>\$ 535,639</u>

Statement 6  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum Deprec.</u>	<u>Book Value</u>
Furniture and Fixtures	\$ 3,242	\$ 521	\$ 2,721.
Machinery and Equipment	41,649	31,990	9,659
Total	<u>\$ 44,891</u>	<u>\$ 32,511</u>	<u>\$ 12,380</u>

## AMERICAN CLASSICAL LEAGUE

31-0555960

## Statement 7

## Form 990, Part V

## List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
KEN KITCHELL UNIVERSITY OF MASSACHUSETTS AMHERST, MA 01003	PRESIDENT None	\$ 0.	\$ 0.	\$ 1,800
SHERWIN LITTLE 3277 CORNELL ROAD CINCINNATI, OH 45241	V PRESIDENT None	0	0	1,800
TAMARA BAUER 51 CURTIS ROAD MILTON, MA 02186	SECRETARY None	0	0	1,800
KATHY ELIFRITS 19 BRANDTWINE COURT HIGHLAND HEIGHTS, KY 41076	TREASURER None	0	0	1,800
JOHN DUTRA MIAMI UNIVERSITY CLASSICS DEPT OXFORD, OH 45056	Director - TMRC None	0	0	1,800
PETER HOWARD TROY STATE UNIVERSITY TROY, AL 36082	Dir Tchr Plcmt None	0	0	1,800
RICK LAFLEUR UNIVERSITY OF GEORGIA ATHENS, GA 30602	Editor None	0	0	1,800
CARL STRANGE 7 MAPLE STREET FARMINGTON, CT 06032	Editor None	0	0.	1,800
PENNY CIPOLONE 253 LINCOLN AVENUE WOODBURY HEIGHTS, GA 30066	Director-NJCL None	0	0	1,800
Total		\$ 0	\$ 0	\$ 16,200

## Statement 8

## Form 990, Part VIII

## Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93a	American Classical League provides members with conferences, instructional materials, pamphlets, posters and other teaching aids to promote teaching and learning the classics Junior Classical League provides incentives for students to study the classics using scholarships, proficiency exams, an honor society and educational resources for the advancement of the classics



## AMERICAN CLASSICAL LEAGUE

31-0555960

## Statement 8 (continued)

## Form 990, Part VIII

## Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
93b	The Institute Program is the annual classics convention for all members of ACL and JCL to exchange ideas and teaching aids, award scholarships and confirm the new officers. Charges to the attendees are set to cover the convention expenses.
93c	TMRC-Teaching Materials Resource Center is a warehouse of books, pamphlets, study guides and course planning guides to help the teachers of Latin and Greek better develop their classes for fun and effectiveness in learning. The materials are sold to members, students and libraries.
94	Members are professors, teachers and students who rely on ACL and JCL to provide information and materials to make the classics interesting and worthwhile for young people. Member fees provide for the printing and distribution of the JCL newsletter, Torch, and the ACL journal, Classical Outlook.
103	By carrying related advertising in the ACL Journal "Classical Outlook" ACL provides members with sources and resources for books, textbooks, dictionaries and publications on Latin and Greek which ACL and JCL are unable to provide.



## The American Classical League Scholarship Application

Name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### 1) Current Status

☐ Student - undergraduate

☐ Student - graduate

☐ Teacher - elementary

☐ Teacher - secondary

**2) Education** - *include all degrees (earned or in progress), dates awarded, fields in which they were earned and institutions attended*

**3) Professional Employment** - *include dates*

**4) Courses taught and where** - *for this year and past year*

**5) Offices Held** — *Awards received from classical organizations other than ACL*

6) Member of ACL since \_\_\_\_\_

7) ACL Awards received & when

8) ACL Institutes attended - *give dates*

9) NJCL Conventions attended - *give dates*

10) Two references - *names, addresses and positions*

11) Principal or Headmaster - *name, address and telephone - if you are currently teaching*

12) ATTACH a short statement indicating for what purpose you intend to use the scholarship.  
Please include a budget.

**Completed applications MUST include**

- the original application *plus three copies*
- two letters of recommendations from above references *plus three copies of each letter*

I will be employed as a teacher of at least one classics course next year (2002-2003) on the elementary or secondary level — ☐ yes ☐ no

I verify that the above information is correct to the best of my knowledge \_\_\_\_\_  
Signature

**Send Application to:**  
**DEADLINE — JANUARY 15, 2002**

The American Classical League  
Scholarship Awards  
Miami University  
Oxford, Ohio 45056

**If application meets the requirements of more than one ACL scholarship, the ACL Scholarship Committee will determine the scholarship for which the application is best suited.**



## *National Junior Classical League Scholarship Information*

- I The National Junior Classical League annually grants several \$500 or \$1000 scholarships to NJCL members. The committee, however, reserves the right not to name a recipient if candidates do not meet requirements. The scholarships include
  - A The Belle Gould NJCL Scholarship, established in honor of Miss Belle Gould, the first editor of *TORCH U.S.*, who served for many years as the Chairman of the Committee on the National Junior Classical League. Miss Gould taught for years in Texas and died in 1974.
  - B The Jessie Chambers NJCL Scholarship, established in honor of Miss Jessie Chambers who served many years as Federation's Chairman of the committee on the National Junior Classical League.
  - C The Margaret and Eugene Halligan NJCL Scholarship, funded by an endowment established by Mrs. Halligan's husband in memory of his wife's devoted service to JCL in Illinois. The two Halligan Scholarships have been combined in order that a \$1000 scholarship may be awarded to the most outstanding applicant.
  - D The Rhea Miller NJCL Scholarship, established in 1979 to honor Mrs. Miller's retirement after many years as Convention Advisor to the National Junior Classical League.
  - E The Red and Rhea Miller NJCL Scholarship, established in 1986 when during the 1986 NJCL convention in Indiana, Mr. and Mrs. Miller presented a generous check to the NJCL to begin a new scholarship because of their great love for the National Junior Classical League.
  - F The Maureen O'Donnell Scholarship, established in 1989 by the Virginia Junior Classical League and Pro Scientia in memory of Mrs. Maureen O'Donnell, for her years of service in the classroom. Mrs. O'Donnell, beloved Latin teacher and VJCL co-chair, was dedicated to the Classics and to teaching.
- II The NJCL Scholarship Committee
  - A is an annual special committee, functioning at the JCL National Convention.
  - B is composed of a Chair, who is the Chair of Scholastic Services/Programs and four (4) NJCL chapter sponsors from different states who are in attendance at the National Convention.
  - C selects scholarship recipients on the basis of returned applications and recommendations; selection is made by a point system awarded for grades, service in JCL, etc.
  - D announces recipients at the National JCL Convention.
- III Application procedure
  - A Any NJCL member in good standing who is to enter college in the upcoming academic year and plans to continue the study of classics may apply. Special consideration will be given to those who intend to teach Latin, Greek or the classical humanities.
  - B Application forms may be obtained after January 1 by writing to NJCL Scholarships, American Classical League, Miami University, Oxford, OH 45056.
  - C Completed applications and recommendation forms must be sent to Mr. David Voik, 1122 Oak Street North, Fargo, ND 58102, postmarked no later than May 1.
  - D Any applicant who is awarded a scholarship must agree to submit a recent wallet size studio photograph to be used for the announcement in *TORCH U.S.* and in local newspapers.
  - E Application forms incorrectly or incompletely filled out will be automatically disqualified.
- IV Payment of scholarship awards
  - A Selection of recipients will be completed at the annual National Convention of the Junior Classical League by the special committee for scholarships.
  - B Upon written notification of scholarship award, the recipient is to inform the administrator, National Junior Classical League, Miami University, Oxford, OH 45056. The name of the school recipient will attend.
  - C Upon receipt of this information, the administrator will forward a check for the scholarship amount to the school. The check will be made out to the school with instructions for posting the scholarship amount to the recipient's account.
  - D The administrator will request that the recipient's academic record be reported by the school at the end of the first term.

NATIONAL JUNIOR CLASSICAL LEAGUE SCHOLARSHIP APPLICATION FORM

I PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

Telephone (include area code) (\_\_\_\_\_) \_\_\_\_\_

High School \_\_\_\_\_

School Address \_\_\_\_\_  
(Street and Number) (City) (State) (Zip)

School Telephone (include area code) (\_\_\_\_\_) \_\_\_\_\_

Principal \_\_\_\_\_

I will attend the NJCL Convention at the University of Kentucky, Lexington, Kentucky  
July 30 - August 4, 2002

☐ Yes

☐ No

II. LATIN TEACHER(S) \_\_\_\_\_

How many years of Latin are offered at your school? \_\_\_\_\_

How many years have you studied Latin in school? \_\_\_\_\_

If there is a discrepancy, please explain

III ACADEMIC ACHIEVEMENT

\_\_\_\_\_ Rank in class, if available

\_\_\_\_\_ Size of class

\_\_\_\_\_ Cumulative GPA \_\_\_\_\_ weighted \_\_\_\_\_ unweighted

#### IV CLASSICAL ACTIVITIES

##### A JUNIOR CLASSICAL LEAGUE

Number of years your school has been a member of the Junior Classical League

Local \_\_\_\_\_ State \_\_\_\_\_ National \_\_\_\_\_

Number of years you have been a member of the Junior Classical League \_\_\_\_\_

Number of conventions attended

Area/Regional \_\_\_\_\_ State \_\_\_\_\_ National \_\_\_\_\_

Junior Classical League offices held — include the school year, using this code  
(Freshman 1 Sophomore 2 Junior 3 Senior 4)

Local \_\_\_\_\_

State \_\_\_\_\_

National \_\_\_\_\_

Participation in JCL Activities (include years involved, using the code from above)

Local \_\_\_\_\_

State \_\_\_\_\_

National \_\_\_\_\_

##### B OTHER

Participation in any other classics-oriented meetings

#### V AWARDS

##### A AWARDS/SPECIAL RECOGNITION BASED ON PARTICIPATION IN JCL

Local \_\_\_\_\_

State \_\_\_\_\_

National \_\_\_\_\_

B OTHER AWARDS/SPECIAL RECOGNITION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VI OTHER ACTIVITIES

Participation in school extracurricular activities (Indicate years involved by using the previous codes )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participation in civic (non-school related) activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## VII COLLEGE PLANS

List name(s) of accredited colleges/universities which you are considering for enrollment:

\_\_\_\_\_  
\_\_\_\_\_

Have you been accepted? \_\_\_\_\_

What is your planned major? \_\_\_\_\_

Is Latin or Greek offered at your institution ? \_\_\_\_\_

Do you intend to take at least one year of Latin/Greek? \_\_\_\_\_

## VIII. PERSONAL COMMENTS

Please type on a separate sheet of paper. You may respond to these topics in one essay or address each topic in a separate essay.

How has your participation in the Junior Classical League influenced/affected you?

What value do Latin and related classical studies have in the modern world?

How do you feel you would benefit from continued study of Latin and the classics?

What will this scholarship award mean to you?

## IX FINANCIAL STATEMENT

After all grants, loans, and other financial aid components are figured in, what will be the net cost to you and your family for your first year in college? \_\_\_\_\_

X SUBMIT THE FOLLOWING

Please list the names and addresses of three references Give a recommendation form to each of these three people and please follow up on them (Each year many outstanding candidates for these scholarships are disqualified because their files are incomplete by when the selection committee meets )

1 Latin Teacher \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 School Administrator (Principal, Counselor, Teacher) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 Citizen in the community (must be an adult, not a relative) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 Name and Address of Local Newspaper \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 Official transcript of high school records This should include your course work, grades and GPA, and rank to date.

Remember, incomplete applications will not be considered Return the completed application and recommendations, postmarked no later than May 1 to

Mr. David Volk  
NJCL Scholastic Services  
1122 Oak Street North  
Fargo, ND 58102



## NATIONAL JUNIOR CLASSICAL LEAGUE SCHOLARSHIP RECOMMENDATION

\_\_\_\_\_  
Name of Applicant

has submitted your name as a reference in making application for a National Junior Classical League scholarship which is awarded to a high school senior who is a member of the Junior Classical League, and whose club is a member of the National Junior Classical League, and who plans to continue the study of classics in college. Special consideration will be given to an applicant who plans to teach Latin or Greek. The Scholarship committee appreciates your help in evaluating this candidate. Please complete the form carefully. All information will be kept confidential.

Your careful estimate of his or her academic performance, intellectual promise, enthusiasm for the Classics and personal qualities will help the selection committee in choosing the recipients for these awards. Please return this completed form or a personal letter attached to it as soon as possible, and no later than May 1, for this applicant to be considered. Thank you for your help.

- 1 How long have you known the applicant?
- 2 In what subjects/situations have you dealt with the applicant?
- 3 What was the applicant's grade \_\_\_\_\_ (if you are a teacher)

Please describe the candidate's intellectual qualities and work skills. We are interested in the accomplishments and potential for success of this young person.

What are your impressions of the young person?

What has been the candidate's most valuable contribution?

Are you aware of financial need?

Could/Has this applicant projected Latin in a favorable light?

In summary, what words come to mind to describe the character and personality of this young person?

## General Ratings

Average or below	Good (above average)	Excellent (near 100% this year)	Outstanding (top 5% this year)	One of the top few I have ever encountered in my career	No basis for judgment
					Academic Motivation
					Academic Creativity
					Academic Self-Discipline
					Academic Growth Potential
					Leadership
					Self-Confidence
					Warmth of Personality
					Sense of Humor
					Concern for Others
					Tolerance for Diversity
					Energy
					Emotional Maturity
					Personal Initiative
					Reaction to Setbacks
					Respect Accorded by Faculty/ Peers/Adults
					Personal Integrity
					Enthusiasm for Latin

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return to the address below, postmarked by **May 1**.

Recommendations arriving after the deadline will result in disqualification of the application

Mr. David Volk  
NJCL Scholastic Services  
1122 Oak Street North  
Fargo, ND 58102