

2014-2015 SCHOLARSHIP APPLICATION

Social Security Number: xxx-xx-____

DEADLINE APRIL 1, 2014

			(last four digits)
Name:			
Last	First	Middle	(Maiden)
Permanent Address:			
Stree	et/Post Office Box Number		
City	State	Zip	
Email Address:		_ Phone Number ()
Richland County resident?	YesNo	Date of Birth:	
High School:		H.S.Graduation Date:	
College/University Informatio	n		
Year in college during the comin	ng academic year: ()Fr (()Soph ()Jr ()S	r ()5th
Number of college credits earne	d to date:Expected (College Graduation Date:	
First Choice College/University	do you plan to attend?		
Street Address		City/State	
Second Choice College/Univers	ity you are considering?		
Street Address		City/State	

In the upcoming academic year where will you reside? ()Home ()School/campus ()School/off campus						
Are you full-time?Yes No How many credit hours will you carry each term?						
Major field of study:						
Have you <u>previously applied</u> for a college scholarship with the Richland County Foundation?						
In order to match applicants with special scholarship funds, the following information is requested:						
Has (have) either of your parent(s) attended either a two-year or four-year college?						
Has (have) either of your parent(s) <i>earned</i> either a two-year or four-year college degree?						
School & Community Activities: Using only the space below, list extracurricular, community, and religious activities in which you have participated during the past four years. Please list the activities in order of importance to you.						
Activity	# of Years	Leadership Positions, Awards & Recognition				
·	Tours	recognition				
Work Experience:						
Using only the space below, please list your paid work experience during the past four years, beginning with your most recent position.						

Employer	Nature of Work	Dates of Employment	Hrs/Wk

I give my permission to the following college(s):	
	(First Choice college or university you plan to attend)
	(Second Choice college or university you are considering)
to release my financial aid information to the Richl granting of a college scholarship.	and County Foundation for the purpose of determining the
I understand that in addition to this signed application transcripts and Student Aid Report.	ion, I must also submit one copy of my most recent
The complete application packet must be receive Richland County Foundation, Suite 100, 24 Wes	ed or postmarked no later than the April 1 st deadline. It Third Street, Mansfield, OH 44902
Applicant's Signature	Date
Applicant's Printed Name	

*** This is not a recurring scholarship ***
you must re-apply each year