



# RICHLAND COUNTY FOUNDATION

## 2012-2013 SCHOLARSHIP APPLICATION

DEADLINE APRIL 1, 2012

Social Security Number: xxx-xx-\_\_\_\_\_  
(last four digits)

Name: \_\_\_\_\_  
Last First Middle (Maiden)

Permanent Address: \_\_\_\_\_  
Street/Post Office Box Number

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

Email Address: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Richland County resident? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Birth: \_\_\_\_\_

High School: \_\_\_\_\_ H.S. Graduation Date: \_\_\_\_\_

### College/University Information

Year in college during the coming academic year: ( )Fr ( )Soph ( )Jr ( )Sr ( )5th

Number of college credits earned to date: \_\_\_\_\_ Expected College Graduation Date: \_\_\_\_\_

First Choice College/University do you plan to attend? \_\_\_\_\_

\_\_\_\_\_  
Street Address City/State

Second Choice College/University 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 previously applied 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) *earned* 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

**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 Richland County Foundation for the purpose of determining the granting of a college scholarship.

I understand that in addition to this signed application, I must also submit one copy of my most recent transcripts and Student Aid Report.

**The complete application packet must be received or postmarked no later than the April 1<sup>st</sup> deadline.  
Richland County Foundation, Suite 100, 24 West 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***