

# ST. CLAIR RURITAN SCHOLARSHIP APPLICATION

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

ACT \_\_\_\_\_ SAT \_\_\_\_\_ Class Rank \_\_\_\_\_ Size of Class \_\_\_\_\_ GPA \_\_\_\_\_

State your plans for college enrollment. Include your planned major.

\_\_\_\_\_

List extra-curricular activities, school or otherwise, in which you have participated within the past four years.

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

List academic achievements, honors and awards.

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

List any community service you have done, including number of hours devoted to each project.

Total hours of service	Name of agency/organization	Type of work	Date performed (year only)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your employment experience (paid or volunteer).

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

List any financial aid and/or scholarships you have been approved for and the amount.

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List any additional financial aid and/or scholarships you have applied for but have not yet been notified.

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Write a short statement why you are applying for a Ruritan scholarship.

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Include an essay (150 words or less) declaring what you have done to improve your home and community. Be sure to sign and date your essay.

All information as provided is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PARENTS' STATEMENT**

Father's name \_\_\_\_\_  
Address (if different than applicant) \_\_\_\_\_  
\_\_\_\_\_

Mother's name \_\_\_\_\_  
Address (if different than applicant) \_\_\_\_\_  
\_\_\_\_\_

Place of Employment  
Father \_\_\_\_\_  
Mother \_\_\_\_\_

Indicate gross household income for the past year \_\_\_\_\_

Names and ages of all children living in the household and/or supported by the family  
\_\_\_\_\_  
\_\_\_\_\_

Give any pertinent information concerning your family financial situation that would be helpful in addressing the degree of need for this scholarship, i.e., health issues, other children in college, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All information as provided is accurate and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**All information contained herein will be kept confidential and used only for the purpose of determining scholarship eligibility.**