

ATHENS ROTARY—LAWRENCE WORSTELL SCHOLARSHIP APPLICATION

Complete and return to Guidance Counselor by **February 28, 2003**

I. Applicant Information:

Name _____ Phone Number _____

Address _____ City/State/Zip _____

High School _____ Social Security Number _____

II. Family Information:

Parents Martial Status: Single ___ Married ___ Separated ___ Widowed ___

1. Name of Father or Male Guardian _____

Address _____ City/State/Zip _____

Occupation _____

Name of Employer _____

2. Name of Mother or Female Guardian _____

Address _____ City/State/Zip _____

Occupation _____

Name of Employer _____

3. Number of family members in parent's household (including yourself, your parent(s), and anyone who lives with your parent(s) and receives more than 50% of their support from your parent(s)? _____ List ages _____

4. Number of family members living in parent's household attending college? _____

III. Academic Information:

High School G.P.A. 4.0 Scale _____ Class Rank _____ ACT/SAT Score(s) _____

Please list academic honors:

IV. Extracurricular Information:

Please list clubs, athletic teams, or organizations & years of participation during high school:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. Please list community service and/or work experience during the past four years:

VI. Written assignment:

Please attach a separate sheet explaining your future goals and ambitions; how you plan to pay for college; and why you wish to be considered for this scholarship. Please do not exceed three hundred words.

Applicant's signature _____ **Date** _____

Parent's/Guardian's signature _____ **Date** _____

Guidance Counselor's signature _____ **Date** _____

ATHENS ROTARY-LAWRENCE WORSTELL SCHOLARSHIP

Rules:

- 1. To receive this scholarship, the applicant must be a graduating senior from a high school in Athens County during the current academic year.**
- 2. The scholarship can be used only towards tuition and fees for first year students attending Ohio University. Funds will be deposited directly to the recipient's account with Ohio University.**
- 3. The application must be completed and returned to the guidance office of the applicant's school by February 28th of the year of graduation. The application must be signed by: the applicant; the applicant's parent or guardian; and the school guidance counselor or principal.**
- 4. Incomplete or late applications will not be considered. Applicants are responsible for reading all instructions and including all required material.**
- 5. A scholarship recipient who fails to enroll at Ohio University within 12 months after high school graduation, or who fails to complete his/her first year there will forfeit any unused portion of the scholarship.**
- 6. Recipients of this scholarship may accept other scholarship awards.**
- 7. The Scholarship Selection Committee may request a personal interview with each applicant.**
- 8. The selection criteria for the award of this scholarship will not be based on or take into consideration the applicant's race, color, national origin, disability, sex, sexual orientation, or religion.**
- 9. The scholarship recipient(s) will be announced at the annual senior awards assembly at the recipient's high school each May.**

Retain this page for your records. If you would like a digital copy of this application, please make your request to jmiller@mathewsinsurance.com.