



**LOVETTSVILLE-WATERFORD RURITAN
HUMANITARIAN SCHOLARSHIP (Barbara Carr Award)
APPLICATION FORM**

Please complete this application by typing or clearly printing (in ink) your responses.
FAFSA's SAR must accompany this Application. Please use additional pages as necessary.

DEADLINE: April 1

Last 4 Digits of SS# _____

Name _____

Address _____

City _____ ZIP _____

Phone _____ Date of Birth _____

Parent(s) or Guardian(s) name _____

Accepted by: (college or universities) _____

Class Standing (to be filled in by counselor) GPA _____ Class Standing _____ Rank _____

Scholastic honors

If you have been employed during the last two (2) years, please list your employment during high school (starting with most recent employer):			
FROM	TO	EMPLOYER	REASON FOR LEAVING

Describe how you help your family:

Extra-curricular activities (describe the activity, include number of years and offices held):

Community activities (describe the activity, include number of years and offices held):

Describe your planned course of study and educational goals:

Essay

Discuss how you have made sustained & focused efforts on behalf of the genuinely needy:

I have completed the above Application Form and the information that I have provided is true, correct, and complete to the best of my knowledge. I understand that providing false information will result in recall of the scholarship and that I will be financially responsible to return all money to the Lovettsville-Waterford Ruritans.

Applicant Signature

Date

Signature

FINANCIAL STATEMENT

I. Student Employment (includes full or part-time during the last two years)

<u>EMPLOYER</u>	<u>TYPE OF WORK</u>	<u>EMPLOYED FROM</u>	<u>TO</u>	<u>WEEKLY</u>

Amount you have saved toward higher education _____

<u>Family Income</u>	<u>OCCUPATION</u>	<u>ANNUAL INCOME</u>
Father		
Mother		
*Other		

*Specify by source, such as Social Security, Veteran's benefits, income of other family members, or investment income. **Must include FAFSA/SAR form.**

I. Estimated Expenses for one school year:

Tuition & fees		Transportation	
Room and Board		Clothing	
Books & Supplies		Laundry	
Medical, incl. Insurance		Other	
		<u>TOTAL EST. EXPENSES</u>	

II. Expected Financial Resources (per year):

From Family		From other scholarships	
From earnings		From Contributions	
*From other sources			
		TOTAL EXPECTED RESOUCES	

*Specify by source, such as trust funds, insurance, etc.

III. Other dependents in family

<u>Name</u>	<u>Age</u>	<u>If student name the school</u>

I/we declare the information in this application and financial statement to be true and accurate, to the best of my/our knowledge.

Signature of Student

Signature of Parent(s) or Guardian(s)

I authorize the release of transcript to the Scholarship Committee so that he/she may be considered for this scholarship.

Signature of student

Signature of parent if student is under 18

Date

Date