

RUTHERFORD TRUSTS

Shannon K. Gerber, Trustee

John S. Lefferdink, Trustee

Jan P. Hall, Trustee

P. O. Box 81

Springfield, CO 81073

INITIAL APPLICATION PROCESS

1. Complete grant application.
2. Complete copy of latest federal tax return.
(parents or guardian if claimed as a dependent)
3. Financial statement – if it doesn't apply to you, put N/A.
4. High school or college transcript.
5. Three letters of recommendation:
 - a. Teacher
 - b. Unrelated adult
 - c. Employer
6. Recent Photo

RULES FOR APPLICANT

1. Must seriously pursue the course of study in connection with the scholarship grant.
2. Complete a minimum of 12-15 hours per semester.
3. Must maintain a minimum 2.0 grade point average.
4. Student is expected to seek gainful employment during the summer unless approved for summer study.
5. Request renewal in writing in timely manner.

Rutherford Trusts

[REDACTED], Trustee
John S. Lefferdink, Trustee
Jan P. Hall, Trustee
P.O. Box 81
Springfield, CO 81073

REAPPLICATION:

Reapplication either by semester or yearly program is required. To reapply at the same school, the student should submit:

- Letter of intent
- Changes made for cost in program of study (ie: move from dorm to apartment)
- Grades transcript (copy does not have to be official)
- Employment or work study

To reapply for a different school or technical program, the student should submit:

- Letter of intent, including name and address of college
- Transcript of previous semester
- Course of study with reason for change
- Cost of attendance in course of study or program (ie: move from dorm to apartment)
- Employment or work study

All correspondence should be mail to the above Rutherford Trusts address. We wish you all the best in furthering your education.

APPLICATION FOR EDUCATIONAL ASSISTANCE

I hereby request an educational assistance grant from the Rutherford Foundation, and in support of this application state:

Full Legal Name _____ Male _____ Female _____
Last First Middle Single _____ Married _____

Permanent Mailing Address _____
P.O. Box (if applicable) Number and Street City State Zip

Home Phone # _____ Cell Phone # _____ Date of Birth _____ Age _____

Social Security Number _____ E-mail address: _____

Years of residence in Baca County _____ In Armed Forces? YES NO Dates of Duty _____ to _____

HIGH SCHOOL ATTENDANCE

Give name and address of each high school attended. This information must be accurate and complete.

HIGH SCHOOL	ADDRESS	CITY	STATE	ZIP	MONTH AND YR	MONTH/YEAR
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to

to

Type of last high school attended (circle): Public Independent Parochial Home Online GED

Have you taken SAT (circle)? YES NO _____ (date) Have you taken ACT (circle)? YES NO _____ (date)

COMMUNITY, CHURCH OR HIGH SCHOOL ACTIVITIES AWARDS AND HONORS

Use resume on separate sheet if necessary

WORK EXPERIENCE

Employment history

Employer	Employment Dates	Type of Work	Full or Part Time
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COLLEGE PLANS

College/University _____ Mailing Address _____

Accepted ? (circle): YES NO PENDING College basis (circle): Quarter Semester Other (specify)

Field of Study _____ Term & Year entering college (circle): Fall Winter Summer Spring _____
YEAR

Expenses: Tuition _____ Room and Board _____ Books/Fees _____

Cost per _____ year/semester/quarter Place of Residence (circle) College Dorm – Apartment – Other

(describe) _____

List other sources of income available to you (Pell grants, scholarships, loans, savings, assistance from parents, or other sources).
(use another sheet of paper if necessary)

What is your anticipated financial need for cost of attendance per semester?

Do you expect to be employed or have work study while in school?: YES NO Summer ? YES NO

COLLEGES AND UNIVERSITIES ATTENDED

Have you ever attended any college/university? (circle) YES NO Are you currently taking college courses? YES NO

Name and address of college/university attended and date attended

Name	address	city	state	zip	Date to:	From:
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PERSONAL AND FAMILY INFORMATION

Father's Name Is he living? (circle) YES NO If deceased when?

Home mailing address
number street city state zip

Telephone # Occupation

Name of Employer address
number street city state zip

Mother's Name Is she living? (circle) YES NO If deceased, when?

Home mailing address
number street city state zip

Telephone # Occupation

Name of Employer address
number street city state zip

If you are married: Spouse's name and address

Spouse's occupation Employer and address

Names and ages of siblings: # Living at home?

Have you ever been charged or convicted of a felony or misdemeanor? YES NO COMMENT

I hereby authorize the Trustees of the Rutherford Foundation to obtain from my school or from any other source, such data as they may require in connection with this application, including, but not limited to, scores of tests and personal appraisals. I understand that the Trustees may, with or without cause, deny my request or terminate future assistance at any time. I hereby certify that the best of my knowledge the information furnished above is true and complete without evasion and misrepresentation. I understand that if found to be otherwise, it is sufficient cause for denial or cancellation of all grants.

DATE: APPLICANT'S SIGNATURE

Note: Also please attach a recent photo, financial statement and tax return for you and your parents, three letters of recommendation and current transcripts from the high school and college you attended.