

APPLICATION
UNIONTOWN RURITAN CLUB
MEMORIAL SCHOLARSHIP

Date _____

Name of Applicant _____

Address _____

Name of Parents _____

Number of family members living at home _____

Ages of children in home _____

Extracurricular Activities (clubs, athletics, organizations) Include the number of years involved and any office you held.

Honors and awards you have received

Community Activities

Tell us why you should be considered as a recipient of the Uniontown Ruritan Memorial Scholarship. (75 words or less)

Where do you plan to attend college? _____

What was your family's adjusted gross income based on last year's income tax return?

- Less than \$25,000 _____
- \$25,001 - \$40,000 _____
- \$40,001 - \$55,000 _____
- \$55,001 - \$70,000 _____
- More than \$70,001 _____

Do you have other financial considerations you want us to consider?

Applicant Signature

Contact Phone Number



To be completed by principal or counselor

Applicant's ACT Score _____

Applicant's Cumulative GPA _____

(exclude spring semester)

Applicant is a student in good standing _____

Signature Principal or Counselor

Date