THE RUBY N. JONES COMMUNITY SCHOLARSHIP APPLICATION

Instructions

To be considered for a scholarship, please read and carefully follow the steps listed below.

- 1. Complete the Application Form below, *print and sign it*. The form may be filled in on this page and then printed or, the blank form may be printed and filled in offline. **Be sure to sign the form.**
- You and your parent or guardian must file a Free Application for Federal Student Aid (FAFSA) form (www.fafsa.ed.gov) as soon as possible after January 1, 2019 and obtain a Student Aid Report (SAR). Include a copy of your SAR with this application. The information contained on the SAR will be used only by the Scholarship Selection Committee to determine eligibility. It will be kept strictly confidential.
- 3. Each student must include an official copy of his/her most recent transcript with the application.
- 4. Ask a teacher or a member of your community who knows you well to complete the enclosed recommendation form. Return this form in a separate envelope sealed by the recommender, along with your application.
- 5. Each student must include a copy of any financial award letters that she/he may have received.
- 6. Return the application and <u>all of the documents requested above</u> to the Oberlin High School guidance counselor, **no later than Monday, April 30, 2019.** Applicants that do not attend OHS should send them directly to: RNJCSF, P.O. Box 384, Oberlin, OH 44074
- 7. Contact RNJCSF at (440) 865-3081 with any additional questions.

APPLICATION FORM

| Name | High School | | | |
|---|--|----------|--|--|
| | | | | |
| Address | | | | |
| | | | | |
| City | State | Zip Code | | |
| | | | | |
| Home Telephone | Mobile Telephone | | | |
| | | | | |
| E-Mail Address | Work Telephone | | | |
| | | | | |
| Name of Parent(s) or Guardian(s) | | | | |
| | | | | |
| Address and Telephone if different from above | | | | |
| | | | | |
| Employer of Parent(s) or Guardian(s) | Parent(s) or Guardian(s) Mobile/Work Telephone | | | |
| | | | | |
| Parent(s) or Guardian(s) E-Mail Address | Date FAFSA submitted to Washington | | | |
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| I understand that the | letter of recomme | endation provided | will be confidentia | I and waive my | right to |
|-----------------------|-------------------|-------------------|---------------------|----------------|----------|
| read it. | | · | | · | • |

Signature Date

| Name High School | | | | |
|--|--|--|--|--|
| Responses to the following questions can be made on this form or on a separate sheet of paper. Please list the activities you have been or are currently involved in, including employment, extracurricular activities, hobbies and community service (whichever are applicable). Indicate any positions held and the length of time you participated in each. Activity Position/Special Responsibility Time | | | | |
| | | | | |
| Of these activities, which three do you feel have been most important, and why? | | | | |
| What schools have you applied to and which do you plan to attend? | | | | |
| What field of study do you plan to pursue? | | | | |
| Please describe your future goals. Who or what influenced you in forming these goals? Your essay response should be at least 100 words but not more than 250 words. | | | | |
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THE RUBY N. JONES COMMUNITY SCHOLARSHIP

APPLICANT RECOMMENDATION FORM

| Applicant's Name | High School |
|--|---|
| Your Name | YourTitle |
| Organization | Telephone |
| Address | |
| The purpose of the Ruby N. Jones Community students with demonstrated financial need who plow you know the applicant. Comment on his/h | Scholarship Fund is to provide financial assistance to lan to pursue post-secondary education. Please describe er characteristics, including responsibility, self- reliance secondary education or training will benefit the student. |
| | |
| | |
| | |

Please place this recommendation in a sealed envelope with your signature across the seal and return it to the applicant. All information will be kept confidential.

Date

Signature