

**ROME-CANAAN ALUMNI ASSOCIATION
SCHOLARSHIP APPLICATION**

SCHOLARSHIP APPLYING FOR: (PLEASE CIRCLE ONE) COLLEGE OR TECHNICAL TRAINING

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGE _____ DEGREE or TECHNOLOGY you will pursue _____

Parent's Names _____

Where do your parents work? FATHER _____ MOTHER _____

How many children are in the family? _____ Ages _____

What is the total family annual income? _____

Will you be receiving any other financial aid? YES _____ NO _____

If so, what is the yearly amount? _____

What is the name and annual tuition rate of the institution you plan to attend?

High School Grade Point Average? _____ Year of Graduation? _____

Please describe on a separate page:

1. The program you have selected.
2. Why you have selected this program of study.
3. Educational and career goals.
4. Awards that you have received and extra-curricular activities.
5. Enclose a wallet size picture.

This application, along with 3 recommendation forms from your teachers (2) and your principal or counselor must be returned by May 1st, in one packet to:

Rome-Canaan Scholarship Committee
c/o Rosa Lee Klingenberg
29078 Torch Road
Coolville, OH 45723-9019

Any applications received after May 1st may not be considered by the scholarship committee. Applications must be mailed to the address listed above.

Evaluation of Student by Scholarship Committee

1. Three consecutive years at FHHS prior to granting scholarship
2. Resident of Rome of Canaan Township during this time
3. Academic average and financial need will be considered.
4. A relative of a Rome-Canaan graduate preferred, but not compulsory.
5. A check in the amount of \$1000 made out to the school and student.
6. In the event no student is qualified, the money will remain in the scholarship fund for future use by students for scholarships.
7. Scholarship will be presented at Rome-Canaan Alumni Banquet in May.