

## **RISING SUN HIGH SCHOOL ALUMNI SCHOLARSHIP**

**AMOUNT OF SCHOLARSHIP:** Number and amount varies each year

### **STUDENT QUALIFICATIONS:**

1. This scholarship shall be awarded to the son or daughter of a RSHS graduate.
2. Applicant must be attending or planning to attend a two-year, four-year, or technical college.
3. Attend the Rising Sun High School Alumni Dinner to be recognized for receiving the scholarship. If unable to attend the dinner scholarship funds will be forfeited.

### **APPLICATION PROCESS:**

You, *the applicant*, must provide the **Guidance Department** with the following:

1. A completed **application** that is provided on the next page
2. A **current transcript** with SAT or ACT scores. College students should submit a transcript of college work.
3. An **activity sheet** which indicates degree of participation in extra-curricular activities, community service, and work experience (if applicable)
4. A **letter to the scholarship committee** which expresses your desire to receive this scholarship and your plans for the future.

### **APPLICATION DEADLINE:**

April 1<sup>st</sup> of the current school year

### **CHECKLIST:**

\_\_\_\_\_ **Application**

\_\_\_\_\_ **Transcript**

\_\_\_\_\_ **Activity Sheet**

\_\_\_\_\_ **Letter**

RISING SUN HIGH SCHOOL ALUMNI SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Did your father graduate from RSHS?      ( )Yes      ( )No

If yes, complete the following:

\_\_\_\_\_      \_\_\_\_\_  
Father's Name      Year of Graduation

Did your mother graduate from RSHS?      ( )Yes      ( )No

If yes, complete the following:

\_\_\_\_\_      \_\_\_\_\_  
Mother's Name      Year of Graduation

Your College/University Choice: \_\_\_\_\_ Major: \_\_\_\_\_

Have you been accepted?      ( )Yes      ( )No

Are you a current college student?      ( )Yes      ( )No

Please circle where you live or will live:    on campus    in an apartment    commute from home

How many dependent children are living at home? \_\_\_\_\_

Of this number, how many will be in college next year? \_\_\_\_\_

Please indicate the amount of money you expect to receive for college from:

Parents: \_\_\_\_\_ Your own savings: \_\_\_\_\_ Your own job: \_\_\_\_\_

Are you currently employed? ( )Yes      ( )No

If yes, how many hours per week do you work? \_\_\_\_\_

Explain any unusual circumstances that the scholarship committee should be aware of. (i.e., illness, disability, unemployment, special obligations, etc.). On a separate piece of paper, please indicate the extra-curricular and community activities you have participated in and any honors you have received.

PLEASE INCLUDE A LETTER TO THE SCHOLARSHIP COMMITTEE THAT EXPRESSES YOUR DESIRE TO RECEIVE THIS SCHOLARSHIP AND YOUR PLANS FOR THE FUTURE. RETURN THIS SCHOLARSHIP APPLICATION BY APRIL 1, 2014 TO THE GUIDANCE OFFICE.