

ROCHELLE RURITAN CLUB  
2020 SCHOLARSHIP APPLICATION PACKAGE  
One \$1,000 and One \$500  
Scholarship

The Rochelle Ruritan Club will award scholarships on April 1, 2020.

Applicants must be residents of Madison County and have attended Madison County High School, have been homeschooled or attended other secondary schools offering general, technical, vocational, or college-preparatory courses. Madison residents working toward or who have earned a GED, are also eligible.

The scholarships may be used for either ACADEMIC or TECHNICAL Training.

PREVIOUS WINNERS OR APPLICANTS who are in college or training, may apply.

**CONDITIONS:**

- 1 2020 awards must be expended by December 2020, which may include a December pre-payment for the Spring 2021 semester.
- 2 All payments will be made directly to a recognized educational or training institution.
- 3 Awardees will be notified by mail in April; only the winners names will become public.
- 4 All information submitted will be confidential.
- 5 Our selection committee will evaluate all applications anonymously.  
All applicants' names will be removed from the Cover Page (page 3) and all other pages before presentation to the selection committee for scoring.

**INSTRUCTIONS:**

- 5 Applications must be POSTMARKED by FRIDAY, FEBRUARY 28, 2020.
- 6 MAIL TO:                   Scholarship Committee  
                                  Rochelle Ruritan Club  
                                  P.O. Box 23  
                                  Rochelle, VA 22738

*Weigh your application. It may exceed one ounce and require more than one stamp.*

- 7 Do not delay in reviewing the entire application. A recommendation form is required to be submitted and must also be postmarked by February 28, 2020  
*SEE detailed instructions regarding recommendation(s) on page 8.*
- 8 Applications will be evaluated based on community service, academic plans,

and academic achievement.

**ROCHELLE RURITAN CLUB 2020 APPLICATION FORM**

**APPLICANT CONTACT INFORMATION**

FULL LEGAL NAME -----

HOME ADDRESS -----

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TELEPHONE NUMBER -----

ALTERNATE NUMBER -----

E-MAIL ADDRESS -----

ALTERNATE E-MAIL -----

**NOTE: APPLICATION REVIEWERS WILL NOT SEE THIS PAGE**

# APPLICATION

1 AGE. \_\_\_\_\_

2 **COMMUNITY IDENTIFICATION:** We often identify ourselves by the community where we reside and/or by the groups with whom we spend the most time or expend the most effort: Examples: "I am from ARODA\* and I volunteer at the SENIOR CENTER." "I am from ETLAN\* and I assist with children's SUNDAY SCHOOL." \*Aylor, Achsah, Banco, Criglersville, Etlan, Graves Mill, Hood, Heywood, Novum, Madison, Reva, Rochelle, Syria, Twymans Mill, Uno, Wolfstown, etc.

Where and what are your "COMMUNITIES?" [See item 10, Groups and/or Activities]

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3 Years in attendance at MCHS (ex. Sep 2017-Jun 2019).

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4 MCHS graduation date or N/A if you did not graduate.

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5 Type of **DIPLOMA** or **CERTIFICATE** you have or expect to earn. Circle one and place date earned or expected date after it.

- STANDARD
- ADVANCED
- HSE
- GED

6 **College or Technical School.** List in order of preference the schools to which you have applied and/or been accepted or attending currently.

Institution Name	Applied	Accepted	Attending	Amount of Aid Offered
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-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

7 Most recent cumulative **G.P.A.** at MCHS or college you are attending: -----

8 Most recent totals of **SAT or ACT** total score (.Verbal + Math) Mark N/A if neither were taken.

**SAT** -----

**ACT** -----

## INSTRUCTIONS

For responses to narrative Items # 9 and # 10.

Handwrite or type responses on a single side of standard 8.5 x 11 inch paper. If typed, use a print font size of 10 pt. or greater. Respond to Items 9 and 10 on separate sheets of paper. State each Item number in the top left margin and your name in the top right margin, as on page 2. Number all pages submitted at the bottom right of each page starting with page 3, Item 9. Label your first page of narrative as page 3.

- 9 Describe your future educational plan and how you expect it will help you achieve your long-range life goals. Describe your planned educational program in detail and what has motivated you to pursue this course of action.

### 10 COMMUNITY SERVICE.

Ruritan club members highly value community service and volunteerism and established these scholarships to assist volunteers in advancing their educational goals. Describe your role in service activities over and above simple membership in a group. Your community OR communities might include: a club, team, church, scouts, charities, a neighborhood project, a college dormitory, or fundraising for a national organization, or the family farm or business. Another might be an employment situation with paid wages; however, if paid, your voluntary participation must be clear. Describe your sense of community and your volunteer experiences. Describe in detail the time, effort, leadership, and accomplishments over and above simple membership on a team, in an organization, or on a committee. Describe your involvement, contributions, time commitment, and over what period of time your commitment has been or was sustained.

PREVIOUS WINNERS must relate an activity within a timeline not previously submitted.

- 11 RECOMMENDATION. Because your application will be reviewed anonymously our selection committee will rely on a recommendation to verify your volunteer service.

MUST BE POSTMARKED BY FRIDAY FEBRUARY 28, 2020

*Postage may exceed one ounce and need more than one stamp.*

TO: Scholarship Committee  
Rochelle Ruritan Club  
P.O. Box 23  
ROCHELLE VA 22738

[ DO NOT RETURN THIS SHEET ]

# ROCHELLE RURITAN CLUB

## 2020 SCHOLARSHIP APPLICATION

### RECOMMENDATION FORM INSTRUCTIONS:

#### APPLICANTS

- 1 A complete application must include a recommendation from someone familiar with your service to your community."
- 2 These instructions should be shared with whomever is writing a recommendation.
- 3 Applicants should share with those completing the "Recommendation(s)" what aspect of their relationship and experience the applicant expects the respondent will address.
- 4 To avoid any conflict of interest recommendations may not be completed by any family member, relative nor any member of the Rochelle Ruritan club.
- 5 Applicants may see the recommendation(s) and submit them with the rest of the application, or ask the respondents to mail the recommendation separately.
- 6 **All parts of an application, including the recommendations must be POSTMARKED BY FEBRUARY 28, 2020**
- 7 Applicants may reproduce the recommendation form and request multiple forms be prepared and submitted.

#### RESPONDENTS

You have been asked to provide a recommendation for someone seeking a financial scholarship.

- **All recommendations must be POSTMARKED BY FEBRUARY 28, 2020.**
- All application information will be held in strict confidence.
- Applications will be reviewed anonymously, and the applicants name at the top of each page will be deleted before our selection committee see the application and your recommendation. In your text do not refer to the applicant by her/his name. Please use the third person s/he and others by their titles or roles. (e.g., pastor, teacher)
- You may submit a recommendation directly to our scholarship committee
- You may type or handwrite a recommendation in your own format.
- **THANK YOU** in advance, for assisting our selection committee.

(DO NOT RETURN THIS SHEET)

## 2020 SCHOLARSHIP APPLICATION

### Applicant's Name

Please return to:

ROCHELLE RURITAN CLUB P.O. Box 23, Rochelle VA 22738

### RECOMMENDATION FORM

This applicant has stated that they participated in a volunteer role as part of a group, committee, team, or as an employee of which you had the occasion to observe or interact with them. Please describe the nature of your interaction and describe your positive or negative observations of their character demonstrated in their work such as: ethics, leadership, attitude, discipline, honesty, integrity, timeliness, follow-through to fulfill obligations. You need not use this sheet. You may 'free-form' your response by simply putting the applicants name at the upper right of a blank sheet and your name at the end.

**Recommendation(s) must be POSTMARKED BY FRIDAY FEBRUARY 28, 2020**

Thank You

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**Name of person making recommendation**

**Title**

**Date**