



MARY SIBERELL RADER FUND SCHOLARSHIP

2024 Application

Scholarship Background

This scholarship was established to provide awards to deserving students from Ross County, Ohio, or surrounding counties, who are pursuing post-secondary academic or vocational training to allow themselves to become self-sustaining.

Eligibility Criteria

- Candidates must be graduating seniors or graduates of an accredited high school or vocational school in Ross County, Ohio.
- Candidates must have a minimum 3.0 GPA.
- Candidates must be pursuing post-secondary education at an accredited public or nonprofit independent junior college, vocational school, or four-year college or university.
- Candidates must be enrolled full-time according to the standards of their educational institution.

Award Amount

The award amount varies, but is a minimum \$500.

Deadline

March 15, 2024

Send COMPLETE Applications to:

High School Guidance Counselor

Application Requirements

Return documents listed below in ONE envelope on or before deadline.

- | | | | |
|--------------------------|--------------|---|--|
| <input type="checkbox"/> | Page 1 | Cover Sheet | This shows that all boxes are checked to ensure all documents are included. |
| <input type="checkbox"/> | Page 2 | Application Form | Contact and College/University Information. |
| <input type="checkbox"/> | Attachment 1 | Essay | See application form for more information. |
| <input type="checkbox"/> | Attachment 2 | Resume | List any high school, community, and extracurricular activities. |
| <input type="checkbox"/> | Attachment 3 | Transcript | |
| <input type="checkbox"/> | Attachment 4 | FAFSA Submission Summary | This is the form you receive when you complete the Free Application for Federal Student Aid. All pages are required. |
| <input type="checkbox"/> | Attachment 5 | Faculty Letter of Recommendation | Submit one letter of recommendation from a High School faculty member. |
| <input type="checkbox"/> | Attachment 6 | Community Service Representative Letter of | Submit one letter of recommendation from a community service representative. |

Applications are considered INCOMPLETE until all pages and attachments have been received.





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Student Contact Information

Name:

LI Mr. LI Ms. _____
First Name Middle Initial Last Name

Address:

Street

City State Zip

Phone:

Area Code /

Date of Birth:

Month /Day/Year

Email Address:

Applicant Education Information

High School

Graduating High School:

Name

City, State

Unweighted High School GPA: _____ on a 4.0 scale

Graduation Year: _____

Testing Act Score: _____ **SAT Composite** _____

Score: College or University

In the 2024-2025 academic year, I plan to attend:

College/University: _____

City, State

Intended Start Date: _____

Planned Major or Course of Study: _____

Plan to attend college: Full-time Part-time

Have you been admitted: Yes No Awaiting

Essay

Explain the impact volunteering for a community service agency or an extracurricular activity has had on your life.

