

# Ruby Hall Memorial Scholarship

## Application Instructions

1. Applications **must** be typewritten.
2. Applications in final form **must** be mailed to: Curtis Hall, 1602 Riverridge Rd, Lawrence, KS 66044 or emailed to [halled@sbcglobal.net](mailto:halled@sbcglobal.net) to arrive not later than March 30th. A school counselor or GHS scholarship committee member must review the application prior to submission.
3. Applications should be free of errors.
4. Include a 200 - 300 word essay listing and explaining past involvement in character-building activities and short, mid and long term goals for the future with the application form.
5. Applications should include an appropriate photo – no glamour shots, please. (Preferably a wallet size. These will **not** be returned.)
6. The following information must be obtained from your high school counselor and entered on or included with the application.
  - A copy of your high school transcript
  - An official copy of your ACT scores including the composite score. (If you have not taken the ACT, please specify.)
  - Grade Point Average (GPA).
  - Class Rank.

*GPA and Class Rank should reflect the student's completion of the 7th semester.*

7. Only completed applications submitted in the following order will be considered for funding.

*Applications should be stapled in the upper left-hand corner.*

- 1) application
- 2) essay
- 3) transcript and ACT scores

**\*All questions should be answered. If a question is not applicable, blanks should be filled in with N/A.**

# Application for Ruby Hall Memorial Scholarship

Attach Photo Here

Grade Point Average \_\_\_\_\_  
(Based on a 4.0 scale)

Class Rank \_\_\_\_\_

1. Full Name of Applicant \_\_\_\_\_

2. Permanent Address \_\_\_\_\_

3. Sex M \_\_\_\_\_ F \_\_\_\_\_

4. Name and address of school you desire to attend with the aid of a scholarship:

School:

Address:

5. Have you been accepted for admission?

6. Field of study in which you plan to major.

7. Outline briefly leadership positions held.

8. Outline briefly extra-curricular and community activities in which you have participated during high school.

9. Give names and addresses of three persons who are not related to you that may be used for references. One must be a teacher or counselor.

1) Name:

Address:

Phone:

2) Name:

Address:

Phone:

3) Name:

Address:

Phone:

10. List the estimated expenditure for your freshman year:

Tuition \_\_\_\_\_ Books & Supplies \_\_\_\_\_

Room & Board \_\_\_\_\_ or Commuting Expenses \_\_\_\_\_

11. List scholarships and/or grants with amounts that you expect to receive for your first year of college.

1.

2.

3.

12. Parent/Guardian Information:

My parent(s) or guardian(s) is/are (underline the appropriate of the following):

a single woman who is my \_\_\_\_\_ (mother, aunt, etc.)

a single man who is my \_\_\_\_\_ (father, uncle, etc.)

two or more people who are my \_\_\_\_\_

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

- Occupation parent or guardian \_\_\_\_\_
- Employed By \_\_\_\_\_
- Occupation of other parent or guardian \_\_\_\_\_
- Employed By \_\_\_\_\_
- Total Annual Household Income (place a slash (“/”) to the right of the number below that best states your household income in thousands of dollars as shown on last year’s federal income tax return ):
  - 20,30,40,50,60,70,80,90,100
- Number of Dependent Children in household \_\_\_\_\_  
(Please list information on each child below. Add attachment if needed.)
- Student Employment Information \_\_\_\_\_
- Please list all people living in your household who depend on your parent(s) or guardian(s) for support:

<i>Name</i>	<i>Age</i>	<i>School Attending</i>

15. Please read and sign the following:

I certify that, to the best of my knowledge, the information given is accurate and complete. I understand that I must be registered for at least 12 hours of study for each of the first two semesters of college and that I am expected to remain in school for at least two semesters. Should I decide to drop out of school without completing a semester, I will notify The Ruby Hall Memorial scholarship Foundation at the address to which I submitted this application and repay all moneys I received from the Foundation. I have read the general information sheet and am aware of the procedures for funding a Ruby Hall Scholarship.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent's or Guardian's Signature*

\_\_\_\_\_  
*Date*