

**Salvisa Ruritan Club**  
**Scholarship Application**  
(postmark deadline: April 15)

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of High School \_\_\_\_\_

Trade School/College/University attending \_\_\_\_\_

ACT Scores (cumulative) \_\_\_\_\_ High School GPA \_\_\_\_\_

Major Area of Study \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Number of Brothers \_\_\_\_\_ Number of Sisters \_\_\_\_\_

**Clubs/Extra-Curricular Activities:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Leadership Positions Held:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Awards/Recognition:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Work Experience: (include duties/responsibilities)**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Community/Church Involvement:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**How will you pay for your advanced/college education? (Explain any additional scholarships, parental assistance, work study, financial aid, personal income and work, etc.)**

NOTE: Additional Pages may be attached to this application if needed.

**Essay: (500 words or less)**

**Upon completing your education beyond high school, how do you plan to use your education to benefit your community?**

**Essay: (500 words or less)**

**What is the Salvisa Ruritan Club and what is its importance to the community? Be specific as to any involvement that you have had with the Salvisa Ruritan Club.**

**ATTACH 1 LETTER OF REFERENCE TO THIS APPLICATION.**



**PUBLICITY PERMISSION FORM:**

I, \_\_\_\_\_ do hereby give the Salvisa Ruritan Club permission to use my name and photo on their website, news articles, and other promotional items/events.  
Parent's Signature (if youth is under 18 years of age) \_\_\_\_\_.

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***NOTE: PLEASE SUBMIT 3 COPIES OF ALL SCHOLARSHIP MATERIALS.***

**MAIL APPLICATIONS TO:  
SALVISA RURITAN CLUB  
P.O. BOX 3  
SALVISA, KY 40372**

**OR CONTACT: ELDA JACKSON  
613-2333**

**[WWW.SALVISARURITAN.ORG](http://WWW.SALVISARURITAN.ORG)**