

Ransom H. Barr Memorial Scholarship One \$2,000 Non-Renewable Award Or Two \$1,000 Non-Renewable Awards

Qualifications:

The applicant must:

- 1. Be a GlenOak High School senior.
- 2. Desire and need financial assistance to further his/her education;
- 3. Demonstrate good citizenship and service in both the school and the community;
- 4. Have a grade point average of 2.5 or higher.

Regulations:

1. The completed application must be mailed to:

The Rotary Club of Plain Township P.O. Box 8382 Canton, Ohio 44711-8382

- 2. The completed application must be post marked on or before April 30, 2022.
- 3. The scholarship must be used within the next twelve months.

4.	The	scholarship	will	be	paid	by	August	15,	202	2 upon
••		submission						into	an	institution
		of highe	reduc	ation	to	the	awarded	appli	cant.	Submission
	deadl	ine is Augus	t 10, 2	022.	If not s	ubmi	tted in time, an	other	candi	date will be
	chose	n								

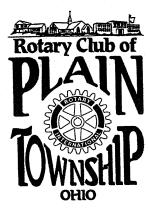
Plain Township Rotary 44711-8382

Plain Township Rotary

P.O. Box 8382 Canton,

Ohio

Ohio 44711-8382



"Ransom H. Barr" Scholarship Application

licant's Name	Age	М _		_ F	
Parent's Information:					
Father'sNameAge Father's Employer Mother's	J	ob Title Name – Age			
	ress /Zip phone Parent's Information: Father's Name Age Father's Employer	ress /Zip phone Parent's Information: Father's NameAge Father's Employer J	ress /Zip phone Parent's Information: Father's Name Age Father's Employer Mother's Name –	ress //Zip phone Parent's Information: Father's NameAge Father's Employer Mother's Name Name	Parent's Information: Father's Name Age Father's Employer Mother's Name Name

P.O. Box 8382 Canton,

Ар	plicants Name Mothers Emplo yer		——— Job Ti	tle
II. 	Names, Ages, State	us of Applicant's	Siblings: School/College	<u>Grade</u>
III.	Financial Informat		Barr S	cholarship Application
A.	Parents Combined ———— Under ————————————————————————————————————	Gross Income on 1 20,000 0,000 45,001- 5,000 50,001-	ast years Federal Tax ————————————————————————————————————	X Returns: 001-45,000 Over 60,001
B. C.	Identify any signi effect on your covered by	ber of people ficant circumstance family's budget insurance) :	which may have	this income. e an adverse expenses not
-				

					• , ,	to m	ost recent.	
D.	Applicant's (Please	employmen include	thistory upcoming	from earl summer	employ			
Place		of Beginning	•		oloyment		Job Title Date	

Scholarship Application
individual pays number in front of of the one you upon, etc.
Year arded already:)

escription	Year	Total Hours
		Barr Scholarship Application
B. Community Service Description	Activities Year	Total Hours
C. Other Service Act	ivities	
Activity	Years	Offices Held and Awards
Plain Township Rota		ox 8382• Canton, Ohio 44711-8382

Ap	plica	nts Name								
Des	criptio	on	Y	ear				Total I	Hours	
V.		licant's Sch previous	service cate	nmunity gories)	, and	Reli	gious	Activities Barr S		listed in p Application
VI.	Oth	er Inform	ation Abou	it the	Appli	cant				
	A.	GradePoi	nt Average:							
	B.	Planned	course	of	study	for	the	coming	year:	
	C.	The colleg	ge, university	, or tec	h schoo	ol you	plan to	attend:		
	D.	Please	state your	educ	ation	goal	(s):			

E. Please state your lifetime goal(s):

F. Please state any special circumstance and/oridentify additional information you would like the Plain Township Rotary Selection Committee to be aware of in considering your application for this scholarship.