

# WILLIAM J. ROSS SCHOLARSHIP

## **ELIGIBILITY**

1. The candidate must be a graduating high school minority senior from a Lenawee County public school.
2. The candidate must be accepted for attendance at an accredited trade school, community college or baccalaureate degree-granting institution.
3. The candidate must have a GPA of 2.5 or higher or a counselor's recommendation.

## **OTHER CONSIDERATIONS**

1. The amount of the scholarship shall be \$1,000.
2. The scholarship will be paid jointly to the student and the institution with one-half payment being made each semester, providing the student continues his/her formal education into the second semester.

## **GENERAL INSTRUCTIONS**

1. Applications and statements must be typewritten and signed in all instances.
2. Official high school transcripts are required from the beginning of the 9th grade up to the due date of the application. Transcripts may be photocopied provided the school authorizes it.
3. College admission test scores (ACT) are required to be attached and also may be photocopied.
4. The applicant shall prepare an essay of approximately 250 words telling why applicant feels he/she should be considered for this scholarship.
5. The applicant shall secure two letters of recommendation from people who know student well but are not family members.
6. The application should be prepared and arranged in the following order:
  - a. Completed and signed application
  - b. Applicant's essay (see #4)
  - c. Two letters of recommendation (see #5)
  - d. Transcripts
  - e. College admission test scores (ACT).
6. Deadline for submitting the application is the second Friday in March.

**Mail or deliver to:** Lenawee County Education Foundation  
Attention: Janet McDowell  
4107 N. Adrian Highway  
Adrian, MI 49221

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## WILLIAM J. ROSS SCHOLARSHIP

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The William J. Ross Scholarship is an annual scholarship established in 2001. The scholarship is to be awarded to a graduating minority senior from a Lenawee County public high school.

### APPLICATION

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DATE: \_\_\_\_\_

Student's Full Name: Ms. \_\_\_\_\_  
Mr. \_\_\_\_\_

Student's Address \_\_\_\_\_ Street \_\_\_\_\_ Phone \_\_\_\_\_ Area/Number \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Citizenship \_\_\_\_\_

Schools attended (ninth through twelfth grades)

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Name of School	Date of Entrance	Period Attended
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Date will graduate \_\_\_\_\_ Number in Class \_\_\_\_\_ Rank in Class \_\_\_\_\_

### ACTIVITIES AND INVOLVEMENT

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#### SCHOOL RELATED ACTIVITIES AND INVOLVEMENT

Organization: Please state name of organization, year, and if an office was held.  
For Example: Hispanic Student Leadership Forum 3,4. State only major activities.

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Honors and Awards (state year and nature of honor or award).

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NON-SCHOOL RELATED ACTIVITIES AND INVOLVEMENT

Organization: Please state name of organization, year and if an office was held. For example: Church youth group, scouting, etc. State only major activities. \_\_\_\_\_

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Honors and Awards (state year and nature of honor or award). \_\_\_\_\_

\_\_\_\_\_

**PLANS FOR ENROLLMENT**

State your plans for enrollment in an accredited public or private post secondary institution. Please indicate the field you wish to study. \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT**

Positions held in gainful employment, periods of employment, and average time employed each week, etc.

\_\_\_\_\_

**STATEMENT OF APPLICANT**

I understand that this Scholarship, if granted to me, is for pursuing the course of study at the college or university stated in this application. If for any reason my plans change before beginning my Freshman year I will inform the Trustees by letter. At that time the Trustees will have the right to reevaluate my application and revoke my Scholarship.

I also understand that failure to notify the Trustees of any change in my college plans will result in automatic revocation of any Scholarship that I might have otherwise received from the Trust.

I give permission to release my high school grades and test scores to the Scholarship selection committee.

I understand that the LISD may publish my name and photograph if I am awarded this scholarship.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature (If student is not 18)

\_\_\_\_\_  
Student Applicant Signature