

RW Towne Foundation Internal Scholarship Application Sponsored by The Rose & Womble Foundation

	ch of the 3 scholan of Higher Learning year directly to the s	g: \$2000 Scho		∕ou may only p	oick c	one.
·	naintain a 3.0 or high					
			10 orodit bours			
	aintain full time stat	•	•			
	ubmit transcripts ea	,		ient of funds.		
2 Year Institution\$500 paid each	n of Higher Learning year directly to the s	_	olarship			
• Student must m	aintain a 3.0 or high	er GPA.				
• Student must m	naintain full time sta	tus (Minimum 1	12 credit hours))		
• Student must s	ubmit transcripts ea	ich year to rece	eive next allotm	nent of funds.		
•	_	•	eipt of final hig	h school transc	ript	
Last Name:		First Name:		Middle Name:		
Social Security #:	,		Date of Birth:			
Address: Street			City/State:		Zip:	
Phone Number:			Email:			
Are you a U.S. citizen?	□ YES □ NO					

Name of R&W Relative: ______ Relationship: _____

Father/Guardian							
Last Name:		First Name:		Mid	dle Name:		
Employer:			Occupation:				
Address: Street			City/State:			Zip:	
Mother/Guardian							
Last Name:		First Name:		Midd	le Name:		
Employer:			Occupation:				
Address: Street			City/State:			Zip:	
List the names of all fa	mily members living	in your home (exc	cluding yourself & af	foremen	ntioned parents	s/guardi	ans):
Name		Age	Relation				ent/School
II. ACADEMICS & A	CTIVITIES:				,		
High School(s) Atte	ended:						
Name of School		City/State			Dates Attended (mo/yr)		

Awards and honors you have received:

special schools of	programs in which you have part	icipated:		
School/Class Offic	ces Held:			
Community service in which you participate or have participated:				
III. REFERENCES [Provide only 3]			
Last Name:		First Name:		
Address: Street	City/St	ate	Zip:	
Phone #		Title/Position:		
		,		
Last Name:		First Name:		
Address: Street	City/St	ate	Zip:	
Phone #		Title/Position:		
Last Name:		First Name:		
Address: Street	City/St	ate	Zip:	
Phone #		Title/Position:		

IV. CERTIFICATION

Parent/Guardian:

To the best of my knowledge, the information stated in this application is complete and correct.

I understand that (student's name is applying for financial aid to help with the educational expenses of continuing education and I approve of this application. Should he/she win, I also grant permission to R W Towne to publish photos of my child.

Parent/Guardian's signature:	Date:
Student:	
To the best of my knowledge, the information sta	ated in this application is complete and correct.
Student's signature:	Date:

*** When submitting your entry, be sure to enclose the following:

- Application
- Essay
- Transcripts
- 1 3 Letters of recommendation (No more than 3 please)

Email Full Application Package to the RW Towne Foundation Scholarship Chair Currently held by Terri Stickle.

Email address to use: tstickle@RWTowne.com

* Applications must be received by 11:59pm April 12th *