

Bob and Janice Ruble Memorial Scholarship Application

TO THE APPLICANT:

One-year scholarships of \$1,000.00 are awarded to current Delta High School Seniors who intend to pursue a two-year degree at Ivy Tech, a comparable community college, or a vocational technology institute. Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education, and who satisfy other criteria developed by the Bob and Janice Ruble Memorial Scholarship Committee and the DelCom Foundation.

Complete your sections of this application at your earliest convenience, then forward the application to the person you have selected to complete the appraisal on page 4. You are encouraged to select a high school counselor, college advisor, or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information.

Certification and Permission to use "Recipient Information" to Announce Scholarship Winners

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from the Del-Com Foundation or an affiliated program, they may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of the Del-Com Foundation and its affiliated programs.

Applicant's Signature _____ Date _____

Parent Signature (if student is less than 18 years old) _____

Signature of Del-Com Foundation official _____

Signature of Ruble Family Student Scholarship Committee official _____

ID # (Post-Secondary Institution)

AWARD AMOUNT (DETERMINED BY COMMITTEE)

APPLICANT DATA

Mr. _____
Ms. Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) Telephone Number E-Mail Address

Name of parent/guardian _____

Permanent mailing address of parent/guardian if different from applicant
(Street) (City) (State) (Zip)
Telephone Number

SCHOOL DATA

High School Attended _____ Graduation Date: Month _____ Year _____

Address (Street) (City) (State) (Zip) Telephone Number

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested: Ivy Tech Community College
Other Community College or Vo. Tech
Accredited? Yes No

Address (City) (State) (Zip)

Student will: Live on campus Live off campus commute

Enrolled: less than half-time half-time or more full-time

Anticipated date of graduation from postsecondary program (month) (year)

Major field of study applicant plans to pursue _____

DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

- African American/Black Asian/Pacific Islander Hispanic/Latino American Indian/Alaska Native
- White/Caucasian Other (Please Specify) _____

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OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

What does this scholarship mean to you and your family?

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school counselor, college advisor, teacher, or any other appropriate person.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) _____

Appraiser's Signature _____ Date _____ Title _____ Telephone Number _____

Appraiser's Business Address (Street) _____ (City) _____ (State) _____ (Zip) _____

TRANSCRIPT INFORMATION

High school seniors and students who have completed less than one full semester of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.

Applicant ranks _____ in a class of _____ Cumulative grade point average _____/4.0 scale

SAT Critical Reading _____ Math _____ Writing _____ ACT Composite _____

School Official's Signature _____ Date _____ Title _____ Telephone Number _____

3400 E SR 28 Muncie IN 47303
School Address (Street) (City) (State) (Zip)

APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials

- Application
- All required signatures
- Current Transcript of Grades
- Application Deadline: _____

Return Application To: Mrs. Kunda

No Later than April 26, 2019