Joel McRoberts Memorial Scholarship

Lorain Soil & Water Conservation District

Scholarship Amount: \$1,000.00

BASIC REQUIREMENTS

- 1. Must be enrolled for the fall quarter/semester 2024 at a two or four-year college or university *in Ohio*, as a full -time student.
- 2. Must be enrolled in an *agricultural or natural resource* related field.
- **3.** Must be a resident of Lorain County.
- **4.** Payment for the scholarship will be made to the student after the following:
 - —Payment receipt received for spring quarter/second semester fees (2025)
 - —2.5 GPA or better for the first quarter/semester
 - -Must be continuing his/her education in an agricultural or natural resource related field
 - —Scholarship payment must be claimed by June 30, 2025
- 5. A transcript of your high school grades must be attached to the scholarship application form. A minimum of a 2.5 grade point average is required for consideration.

Return application to: Lorain Soil & Water Conservation District

42110 Russia Road Elyria OH 44035-6813

Deadline: Must be postmarked by Friday, April 19, 2024

Please type or print clearly in black ink.

APPLICANT INFORMATION	
Name	Cell Phone
Address	
City	Zip
Email address	
How many siblings do you have?	Their ages
Names of Parents (or Guardian)	
What school will you attend?	Applied Accepted
What is your planned course of study?	Two-Year Four-Year
High School attended	Year graduating
Employment experience (Include work experience at home)	

High School Achievements	High School Activities
(Awards, honors, leadership)	(Band, sports, clubs)

Volunteer (community service) activities:

Please write one or two short paragraphs on your educational and career goals.

ame of Scholarship	Amount	Being Considered	Selected
have personally prepared this a	pplication and believe	it to be correct.	
ignature of Applicant		Date	
ignature of Parent or Guardian		Date	
PERSONAL REFERENCE (Tea	cher, FFA or 4-H Ad	visor, Minister, etc. — not	a family member):
haracter Reference (Include an	estimate of success in	college):	
ny additional comments:			
igned			

RECOMMENDATION BY HIGH SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR

tudent's Name	graduated from		High School on
Number in graduating class _	· · · · · · · · · · · · · · · · · · ·	Rank in Class	
Character Reference (Include an estimate of success in colle	ege)		
our estimation of the applicant's financial needs.			
ny additional comments:			
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address	_ City _		Zip