

Joel McRoberts Memorial “Continuing Education” Scholarship

Lorain Soil & Water Conservation District

Scholarship Amount: \$1,000.00

BASIC REQUIREMENTS

1. Must be enrolled for the fall quarter/semester 2026 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 will be made to the student after the following:
 - payment receipt received for spring quarter/second semester fees (2027)
 - 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, 2027
5. An official transcript of your college 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: **Postmarked by May 29, 2026**

Please type or print clearly in black ink.

APPLICANT INFORMATION

Name _____ Cell Phone _____
Address _____
City _____ Zip _____
Email _____
How many siblings do you have? _____ Their ages _____
Names of Parents (or Guardian) _____
What college do you attend? _____ College year in fall 2026 _____ (2,3,4 or above)
What is your planned course of study? _____ Two-Year _____ Four-Year
High School attended _____ Year graduated _____
Employment experience (Include work experience at home)

**College Achievements
(Awards, honors, leadership)**

**College Activities
(Sports, Clubs)**

Volunteer (community service) activities:

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

Have you been chosen or are you being considered for any other scholarships for the 2023-2024 school year?

☐ **Yes** ☐ **No**

Name of Scholarship

Amount

Being Considered

Selected

I have personally prepared this application and believe it to be correct.

Signature of Applicant

Date

PERSONAL REFERENCE (Teacher, Advisor, Minister, etc. -- not a family member)

Character Reference (Include an estimate of success in college)

Any additional comments:

Signed _____ Title _____
Address _____ City _____ Zip _____
Phone _____ Date _____

RECOMMENDATION BY COLLEGE PROFESSOR OR STUDENT ADVISOR

Student's Name _____

Character Reference (Include an estimate of success in college)

Your estimation of the applicant's financial needs.

Any additional comments:

Signed _____ **Title** _____

College _____

Address _____

City _____ **Zip** _____

Date _____