

**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.**

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**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.**

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**Signature of Applicant**

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**Date**

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

**Character Reference (Include an estimate of success in college)**

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**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** \_\_\_\_\_