## 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 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 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. An official transcript of your college grades must be attached to the scholarship application form. A minimum of a 2.5grade point average is required for consideration.

Return application to: Lorain Soil & Water Conservation District

42110 Russia Road Elyria OH 44035-6813

Deadline: Postmarked by July 26, 2024

Please type or print clearly in black ink.

APPLICANT INFORMATION			
Name	Cell Phone		
Address			
City			
Email			
How many siblings do you have?			
Names of Parents (or Guardian)			
What college do you attend?			
What is your planned coursed 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		

Signature of Applicant	Date	
PERSONAL REFERENCE (Teacher, A	dvisor, Minister, etc <u>not</u> a family	member)
Character Reference (Include an estimate	e of success in college)	
Any additional comments:		
ny additional comments.		
Signed	Title	
Address	City	Zip
Address	City	Zip
AddressPhone	City Date	Zip
Signed	City Date PROFESSOR OR STUDENT ADVI	Zip

Your estimation of the applicant's financial needs.		
Any additional comments:		
Any additional comments:		
Signed	Title	
College		
Address		Zip
Date		