Sharon Ramsay
Memorial Scholarship

West Muskingum Schools
4880 West Pike
Zanesville, OH 43701

ESTABLISHMENT OF THE FUND

The Sharon Ramsay Memorial Scholarship Fund was established by Douglas L. Ramsay, D.D.S., in memory of his wife, Sharon Ramsay. The fund is administered by the West Muskingum Board of Education under Ohio Revised Code 3313.36, according to the criteria established at the time of acceptance by the board of education at its regular meeting May 15, 1985, under Resolution 3736.

The general purpose of this fund is to provide scholarships for students who have availed themselves of the course offerings of the West Muskingum High School, and have applied themselves with diligence to the requirements of these courses.

The student must also have enhanced the school climate and benefited the school community by significant participation in extracurricular and nonacademic curricular activities. The student must have high moral character and be an active participant in their religious faith.

Please return this application by July 2 to the West Muskingum Administration Center, 4880 West Pike, Zanesville, OH 43701.
Scholarship Application

Name: ____________________________________________ Phone: ________________________________

Address: ________________________________________________________________________________________

A. A West Muskingum High School principal, associate principal or counselor must certify that the student:

   1. Has been enrolled at West Muskingum for no less than three years. ________________________________

   2. Will graduate or has graduated from West Muskingum High School. ________________________________

   3. Will have a minimum of 26 credits.* ____________________________________________________________

   4. Has a final grade point average of 3.5 or above. ________________________________________________

   5. Has received at least six credits or equivalent their senior year. ________________________________

   * If not at West Muskingum High School, specify where:

   _________________________________________________________________________________________________
   Location     Course     Reason

   _________________________________________________________________________________________________
   Location     Course     Reason

B. Although other grants or awards do not preclude a student from receiving this scholarship, they may be
   taken into consideration in determining the award recipient.

List other scholarships you have received as of June 30:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Send to the West Muskingum Administration Center a letter from your religious leader attesting to your
   moral character and active participation in church activities. Letter to be received by the center by July 2,
   in care of the Sharon Ramsay Scholarship Fund.
D. The activity advisor (or if unavailable a school official) must certify your participation in eight extracurricular school activities (a minimum of two per year), that require significant after-school participation. Preference may be given by the selection committee to those judged more time consuming than others and if the activities were spread out over four years. Participation must be at least the norm of the other participating students.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DURATION</th>
<th>ADVISOR SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Months)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Hours)</td>
<td></td>
</tr>
</tbody>
</table>

FRESHMAN

SOPHOMORE

JUNIOR

SENIOR

E. Recipient must be accepted as a fulltime student enrolled in a four year regionally accredited college or university. List college or university you will attend.

Name: ____________________________________________________________
Address: _________________________________________________________
Accredited by: ___________________________________________________

F. I certify that the above are true and accurate to the best of my knowledge. If I receive the award and do not complete one year as a fulltime student at the college or university indicated, I will forfeit the award and repay the entire amount to the scholarship.

Applicant's Signature: ___________________________________________ Date: ____________________