



Dr. Robbie Cravenor Memorial Scholarship

1. DEADLINE for scholarship applications is Friday, April 19, 2024 (no exceptions).
2. Refer to criteria below for eligibility requirements.
3. Refer to application process below for a list of the supporting documents needed (i.e, reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
4. If any question does not apply to you in this application please put N/A in the space.
5. Illegible or incomplete applications will be discarded and removed from consideration.
6. You will be notified by mail or email in May regarding the status of your application.
7. If you have any questions about the application, please email us at meckelberry@bsicos.com

NOTE: Scholarship funds will be awarded to the student upon evidence of registration in an accredited post-secondary institution.

Purpose: To provide a \$1,500 scholarship to a deserving student seeking education and career opportunities in a science field. (Normally \$1,500 but can vary)

Criteria:

1. Be a U.S. Citizen or legal resident.
2. Be a graduate from Cambridge HS, John Glenn HS, Meadowbrook HS, or Buckeye Trail HS.
3. Be enrolled (or accepted) in an accredited college or university as an undergraduate declaring a major in some type of Bachelors of Science.
4. Demonstrate financial need.
5. Have an enrollment status of a full-time student.
6. Have a minimum cumulative grade point average (GPA) of 3.2.

Application Process:

1. Applicant must submit the following items:
 - a. Completed scholarship application form.
 - b. A two page, double-spaced essay, describing your academic and career goals and explaining why you are interested in pursuing a degree in a field of science.
 - c. Letter of recommendation.
2. If selected to receive the scholarship the participant agrees to attend the Dr. Robbie Cravenor Memorial Golf Scramble in August to accept the check during the awards lunch.

Deadline for the application is **Friday, April 19, 2024**. Applications postmarked after this date will not be considered.

Please mail application to:

Dr. Robbie Cravenor Memorial Scholarship
727 Oakland Boulevard
Cambridge, Ohio 43725



Dr. Robbie Cravenor Memorial Scholarship 2024 Application

Please **type** or **print** your answers. If application is illegible it will be discarded.

1. Last Name: _____ First Name: _____
2. Mailing Address::
Street: _____
City: _____ State: _____ ZIP: _____
3. Daytime Telephone Number: _____
4. Email address: _____
5. Date of Birth: Month _____ Day _____ Year _____
6. Current High School: _____
Number of years attended: _____
7. I will be attending the following school in the Fall of 2024:

Proof of acceptance or current student enrollment from the above school is **required prior to receipt of funds**.
8. I will be entering the above-mentioned school as a: Freshman / Sophomore
9. Grade Point Average (GPA): _____ (On a 4.0 scale)
Attach proof of GPA. Your most recent **official** school transcript required.
10. ACT Score: _____ OR SAT Score: _____
A copy of your ACT **or** SAT score sheet on official high school transcript is required.
11. Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space.
Name (s) _____
Street: _____ City: _____
State: _____ ZIP: _____
Home phone of parents or legal guardians: _____
12. Name and city of other high schools attended: _____
Number of years attended _____
13. Name of any college you have attended. Year Began/ Year ended/
Year Graduated (If applicable)/ Type of Degree Received (If applicable)
A. _____
B. _____
C. _____

14. What specialty/major do you plan to major in as you continue your education?

15. List expenses you expect to incur per semester or quarter: (Approximate figures acceptable)

A. Tuition: Amount: \$ _____
 B. Books: Amount: \$ _____
 C. Room & Board: Amount: \$ _____
 D. Other expenses: Amount: \$ _____ Describe below under comments
 E. Other expenses: Amount: \$ _____ Describe below under comments

Comments:

16. List other financial assistance you will receive per semester or quarter:

A. Personal: Amount: \$ _____
 B. Other Scholarship(s): Amount: \$ _____ Describe below under comments
 C. Grants: Amount: \$ _____ Describe below under comments
 C. Student Loan(s): Amount: \$ _____ Describe below under comments
 D. Other Financial Resources: Amount: \$ _____ Describe below under comments

Comments:

Use an additional sheet if you need more room to list financial information requested in items 15 & 16.

17. What are your educational and professional goals and objectives?



18. List your academic honors, awards and membership activities while in high school or college.

19. List your community service activities, hobbies, outside interests, and extracurricular activities:

20. List at least one professional reference: _____

List at least one personal reference: _____

21. Provide (1) Letter of Recommendation to be submitted with the application.

22. A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.
B. Your application will not be considered if these items are not attached to this application. (No exceptions.)
C. Circle "YES" or "NO" to be sure you have attached each item as required.

(YES) (NO)

Proof of college acceptance or current student enrollment. A letter of college acceptance.

(YES) (NO)

Most recent official high school or official college transcript.

Photocopies of your transcript are **not acceptable**.

(YES) (NO)

Personal Essay. Describe your academic and career goals and explain why you are interested in pursuing a degree in a field of science.

(YES) (NO)

Letter of Recommendation.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program. I hereby understand that if chosen as a scholarship winner, according to the scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____

Date: _____