

AHARON WOODRUFF SCHOLARSHIP
APPLICATION FORM
Due March 15th

The purpose of the scholarship is to provide educational assistance to Wayne County residents/individuals under the age of 70 that are or have been diagnosed with a critical/chronic life threatening disease/illness.

Eligibility requirements:

- Applicants must be under the age of 70 and have a diagnosis of a critical/chronic life threatening disease/illness.
- Applicants must submit an essay of 750 words or less on how their disease/illness has impacted their lives and their educational goals.
- Applicants must submit evidence from a treating physician.
- Applicants must provide two letters of recommendation from non-related persons. References must include the person's name, address and phone number with the letter of recommendation.
- Applicants must be entering or attending a college, university, or vocational/technical school.
- Applicants must provide an official high school transcript, ACT or SAT scores (if applicable), and a current college transcript (if applicable).
- Applicants must be seeking enrollment as a full-time student and have a 3.00 GPA. Special consideration may be given to an applicant who has a GPA lower than 3.00 but can provide documentation that grades were affected by invasive treatments related to their disease/illness.
- The award will be given to the applicant's school the second semester/quarter of the academic year.

Personal Information

Please print following information

Full name: _____ Date of Birth: _____

Address: _____

City/State/Zip Code: _____

Telephone: Home () _____ Cell () _____

Email address: _____

Medical History

Diagnosis: _____

Date of Diagnosis: _____ Age of Diagnosis: _____

Treatment for Diagnosis: _____

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Education

High School: _____

Address: _____

Street, City, State, Zip _____

Date Graduated: _____ Cumulative Grade Point Average: _____

School Attending or Plan to Attend: _____

Address: _____

Street, City, State, Zip _____

Cumulative Grade Point Average (if applicable): _____

Major Field of Study: _____ Career Objective: _____

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that falsification of any information provided will result in termination of any scholarship consideration and/or granted.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if applicable)

Send **four copies** of all application documents and letters of reference
(one copy of transcripts) to:

Wayne County Community Foundation
Aharon Woodruff Scholarship
517 North Market Street
Wooster, OH 44691

The complete application packet must be received by March 15th.

Note: If you are a recipient of this scholarship, through the Wayne County Community Foundation, all monetary awards will be made payable to your account at the post-secondary school you will be or are attending. Unless otherwise stated, checks will be issued prior to the second semester of the new school year. No checks will be awarded directly to any individuals.