

The John Ross Laronda Memorial Scholarship

Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Class Rank \_\_\_\_\_ GPA \_\_\_\_\_

College/University/Technical School you plan to attend: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ yes \_\_\_\_\_ Not yet

Program of study \_\_\_\_\_

Eligibility for this scholarship

- \* Must have a GPA of 2.0 or better
- \* Must be accepted and enrolled in an accredited college or program
- \* Attach an activity resume that includes community service, school activities and honors, and work experience
- \* Attach current transcript and one semester report card
- \* Statement of financial need including number of children in the family, special circumstances, how you would fund college costs
- \* Three letters of recommendation including one from a teacher and one from a community service supervisor