

Please complete this application by typing or clearly printing (in ink) your responses.

FAFSA's SAR must accompany this Application. Please use additional pages as necessary.

	Last 4 Digits of SS#
Name	
Address	
City	
	Date of Birth
Parent(s) or Guardian(s) name	
Accepted by: (college or universities)	
Parent/Guardian Email:	Phone:
email to thelwruritans@gmail  I have completed the above Application I complete to the best of my knowledge. I	ot with GPA Waterford Ruritans, P.O. Box 137, Lovettsville, Va. 20180, or
Applicant Signature	Date
I authorize the release of transcript to the Scholarship (	Committee so that he/she may be considered for this scholarship.
Signature of student	Signature of parent if student is under 18
Date	