REPERT

LOVETTSVILLE-WATERFORD RURITAN GOOD CITIZEN SCHOLARSHIP

(Irma & Roger Powell Award) APPLICATION FORM

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	
Phone	Date of Birth
Parent(s) or Guardian(s) name	
Accepted by: (college or universities)_	
Parent/Guardian Email:	Phone:
 Copy of your latest transcr Copy of your FAFSA score Please submit to Lovettsvil email to thelwruritans@gm I have completed the above Application complete to the best of my knowledge.	e le Waterford Ruritans, P.O. Box 137, Lovettsville, Va. 20180, or
Applicant Signature	Date
I authorize the release of transcript to the Scholarshi	p Committee so that he/she may be considered for this scholarship.
Signature of student	Signature of parent if student is under 18
Date	 Date