



**LOVETTSVILLE-WATERFORD RURITAN  
ENTREPRENEUR GRANT  
(Buddy Williams 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 \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Email address: \_\_\_\_\_

Parent(s) or Guardian(s) name \_\_\_\_\_

Accepted by: college/university (if applying) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Checklist-include the following:**

- 1. Please write a 1 page summary about yourself, what you aspire to do, what skills, talent and education that you have to make your career a reality. What is your idea and how do you plan to make money doing it? How will this grant help you achieve your goals?**
- 2. Copy of your latest transcript with GPA**
- 3. Copy of your FAFSA score**
- 4. Please submit to Lovettsville Waterford Ruritans, P.O. Box 137, Lovettsville, Va. 20180, or email to [thelwruritans@gmail.com](mailto:thelwruritans@gmail.com)**

I have completed the above Application Form and the information that I have provided is true, correct, and complete to the best of my knowledge. I understand that providing false information will result in recall of the scholarship and that I will be financially responsible to return all money to the Lovettsville-Waterford Ruritans.

\_\_\_\_\_  
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

\_\_\_\_\_  
Date