





*Martha Seward Rahfuse*

**MEMORIAL SCHOLARSHIP**

APPLICATION FORM, PAGE 2

List important activities, honors, prizes, and recognition received in High School. Include volunteer and part time work experience.

State your plans for the future and explain how your experience in an institution of higher learning will be relevant to your future plans. Type in the space provided here, or write by hand on a separate sheet of paper.

# Martha Seward Rahfuse

## MEMORIAL SCHOLARSHIP

APPLICATION FORM, PAGE 3

### FAMILY UNIT/HOME MEMBERS

Name(s) of Parent(s) or Guardian(s): \_\_\_\_\_

Address (if different from your own): \_\_\_\_\_

If guardian(s), describe your relationship to the guardian(s) listed above: \_\_\_\_\_  
(Aunt/Uncle, Foster Parent, Grandparent, etc.)

Number of dependents reported by parent(s) or guardian(s): \_\_\_\_\_

**OCCUPATIONS** Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Guardian: \_\_\_\_\_ Guardian: \_\_\_\_\_

### FINANCE QUESTIONS

How much financial aid in the next year do you expect to receive from your parent(s) or guardian(s)?  
*Please describe in detail (allowance, room and board, travel expenses, tuition, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other sources of financial aid you expect to receive during the next year. Include approximate amounts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other specific or special financial needs not covered by the above?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School you are planning to attend: \_\_\_\_\_  Check if Accepted

Major/Areas of Study: \_\_\_\_\_

Minor/Areas of Study: \_\_\_\_\_

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APPLICATION FORM, PAGE 4

The Above statements are correct and true to the best of my knowledge. I hereby agree that, if I am awarded the **Martha Seward Rahfuse Memorial Scholarship**, I shall abide by the regulations and provisions under which it is granted. Regulations and provisions can be found at [www.bcesc.org](http://www.bcesc.org).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL

This is to certify that

\_\_\_\_\_  
*Name of Applicant*

will graduate from

\_\_\_\_\_  
*Name of High School, City and State*

on

\_\_\_\_\_  
*Date of Graduation*

and ranks \_\_\_\_\_ in a class of \_\_\_\_\_

with a grade point average of \_\_\_\_\_.

A.C.T. Score \_\_\_\_\_ S.A.T. Score \_\_\_\_\_

Reading/Writing \_\_\_\_\_ Mathematics \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send all 4 pages of this completed application with the requested letters of recommendation to:

**Martha Seward Rahfuse Memorial Scholarship**

**Butler County Educational Service Center**

400 N. Erie Blvd., Suite A

Hamilton, OH 45011

Attn: Chris Brown