

# Western Reserve Ruritan Community Service Scholarship

## Student Information:

Please be sure this section is complete and legible.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ (Optional): Male  Female

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_\_

## Full name of college/university that the student has been accepted to or plans to attend:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Publicity Release

If I am selected to receive the Western Reserve Ruritan Scholarship, the organization and its designees may use my name and the name of my school or place of residence for purposes of news, publicity and publications.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

(If student is under 18 years of age)

## Student Service Information:

Approximate number of hours served in the past 12 months: \_\_\_\_\_

Were the activities part of a service-learning program? Yes  No

This Student served all or most of his/her 100 hours of service with \_\_\_\_\_

List one organization/program only

Please attach a separate sheet with a brief description of your service activities.

Please classify the service performed by the student by checking all boxes that apply.

**Health**

- Drug/Alcohol Prevention
- Teen Pregnancy Prevention
- Smoking Prevention
- Hospital/Clinic Support
- Public Health Activities
- Other Health Education

**Other Human Needs**

- Elderly Assistance
- Hunger/Homelessness

**Education**

- Literacy
- Tutoring, Mentoring, Coaching, Homework Help
- Supporting Out of School Activities
- Big Brother/Big Sister
- ESL Tutoring
- Promoting Tolerance/Diversity
- Youth Serving Youth

**Environment**

- Community Improvement/Cleanup
- Community Gardens
- Parks and Trails
- Water Testing/Cleanup
- Endangered Species
- Lead Avoidance

**Public Safety**

- Homeland Security
- Disaster Relief
- Disaster Preparedness
- Violence Prevention
- Conflict Resolution/Mediation
- Community Policing
- Bike Safety
- Auto Safety

**Other**

- \_\_\_\_\_
- \_\_\_\_\_

**Reflection Questions:**

Research indicates students gain the most from their service when they have the opportunity to reflect upon and analyze their service. This reflection may take many forms.

**Please select the setting in which the majority of the student's service was completed:**

- Class or Course
- Self initiated or outside of organized setting
- Club or other organized activity outside of school

**Please indicate the ways in which the student has reflected on his or her service.**

- Kept a journal
- Wrote a research paper
- Wrote a factual piece
- Wrote or performed music
- Discussed with family and/or friends
- Discussed service in class
- Wrote a fictional piece
- Wrote or performed a play
- Painted, drew or sculpted
- Other \_\_\_\_\_

I verify that (Student's Name) \_\_\_\_\_ completed at least 100 hours of service and displays outstanding leadership in service. I certify that the information on this form is accurate.

Organization Leaders Signature: \_\_\_\_\_

Leader Name (Print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_