

Wayne Roller Foundation Scholarship

Mansfield Christian School announces the 2021-2022 **Wayne Roller Foundation Scholarship.** Through this Foundation, a \$1,000 scholarship will be awarded to two outstanding female senior student-athletes participating in the Wayne Roller Holiday Showcase.

Program Guidelines & Priorities:

- * Seeking graduating female senior-athletes with a record of service within the community outside non-school sponsored activities and participation in extracurricular school activities.
- * Applicants must plan to attend a two (2)-year community college or four (4)-year college or university.
- * Scholarship funds will be paid during the month of **August—directly to the college**, not the student. The scholarship funds will be issued to the college or university upon receiving a certificate of enrollment for the Fall semester, which includes the Student ID number and Financial Aid Office address.
- * Applicants must have the endorsement of their Guidance Counselor on their application attesting they are qualified for this scholarship program.
- * Applications must be accompanied by a letter of recommendation from a non-family member.
- * Applications must be received by Mansfield Christian School no later than **January 31, 2022**. Late applications will not be reviewed or accepted.

Mail one copy of a completed and typed application package to: (This includes application with signoff by Guidance Counselor and letter of recommendation)

Mansfield Christian School Attn: Mike LaCroix 500 Logan Road Mansfield, OH 44907

The applications will be reviewed and recipients selected by a committee. The scholarships will be awarded no later than the end of **February**. It is up to the Administration of the winner's school to present the scholarship to the student-athlete.

Please submit any questions to: <u>lacroix.mike@mcsflames.org</u>



SCHOLARSHIP APPLICATION

Please type your answers. <i>Use a additional piece of paper if necessary</i>					
1.	Last Name:	First Name:			
2.	Mailing Address Street: City: State	: Zip:			
3.	Cell number: () Email address:				
4.	Date of birth: Month Day	Year			
5.	Cumulative Grade Point Average (GPA):	(Unweighted- on a 4.0 scale)			
	Cumulative Grade Point Average (GPA):	(Weighted- on a 5.0 scale)			
6.	Name and location of high school:				
7.	A. List any academic honors, awards and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:				
	C. List any athletic honors, awards and statistic	ics while in high school:			



	8.	A. If you have decided on the college you will attend, please list the school name:					
		B. If not, list your top three (3) college choices:					
	9.	Anticipated field of study:					
		Family gross annual income from 2020 Income Tax form 1040 Line #22:					
	10.	□<\$20,0000 □ \$20,000-\$40,000 □ \$40,000-\$60,000	\$60,000-\$80,000	□ \$80,000-\$100,000 □>\$100,000			
	11.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.) Name(s): Street:					
		City:	State:	Zip:			
		Home phone of parents or legal guardians:	V	Work phone:			
H	12.	Tronc phone of parents of legal guardians.	`	vork phone.			
	One (1) letter of recommendation from a Coach or Administrator						
CT	A TETE		re				
51.	AIL	EMENT OF ACCURACY FOR STUDENT	13				
kno pro	wledg mote	affirm that all the above stated information provinge. I also consent, that if chosen as a scholarship the Wayne Roller Foundation (winner may waive ances).	winner, my pict	ure may be taken and used to			
poli 202	cy, it 2 , a c	understand that if chosen as a scholarship winner is my responsibility to submit to the Wayne Ro certificate of enrollment for the Fall semester, what Aid Office address.	ller Foundation	, no later than August,			
info	I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.						
Sign	natur	re of scholarship applicant:		Date:			



STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Mansfield Christian School and The Wayne Roller Foundation.

Name of Guidance Counselor:						
High School:						
Contact information (email and phone):						
Signature of Guidance Counselor:	Date:					
Checklist:						
Application						
Guidance Counselor signature						
One letter of recommendation						
MAIL COMPLETED APPLICA Mansfield Christian Attn: Mike LaCr 500 Logan Roa Mansfield, OH 44	School oix d					
REMINDER: Applications must be received by Mansfield Christian There will be no exce						