CENTRALIA FOUNDATION

Scholarship Application

Rollen & Lecta Rae
Robinson Scholarship Fund

Application Deadline – March 14, 2014
(Applications received after this date will be considered after on-time applications.)

Return Application & Transcripts to:

Centralia Foundation
Nina Buchele
115 E 2nd Street
Centralia, IL 62801

(Located in the conference center at Centralia Recreation Complex)
ROLLEN & LECTA RAE ROBINSON
SCHOLARSHIP CRITERIA

GRANTS SHALL BE MADE TO STUDENTS REGARDLESS OF RACE, COLOR OR CREED WHO HAVE BEEN OFFICIALLY ADMITTED TO A COLLEGE, UNIVERSITY, SEMINARY, COMMUNITY COLLEGE OR TRADE SCHOOL.

PREFERENCE SHALL BE GIVEN TO STUDENTS FROM ODIN HIGH SCHOOL AND SANDOVAL HIGH SCHOOL.

STUDENTS SHALL DEMONSTRATE FINANCIAL NEED TO RENEW THEIR GRANTS AND SHALL MAINTAIN AT LEAST A 2.0 GPA.

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Release Statement – Signature Required

I certify that, to the best of my knowledge, all statements submitted are accurate and my own. I understand this application and all records gathered during the process are confidential and will not be disclosed to me. Access will be restricted to appropriate committee members. If I am selected as a recipient of this award, I give permission to release my name and/or photo to the news media.

Signature of Applicant: __________________________ Date: __________________

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THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND BE SUBMITTED WITH A COMPLETE TRANSCRIPT OF ACADEMIC RECORDS TO BE CONSIDERED. HARD COPY OF APPLICATION WITH SIGNATURE REQUIRED.

DEADLINE: MARCH 14, 2014
Rollen & Lecta Rae Robinson Fund
APPLICATION FOR 2014-2015 SCHOLARSHIPS

Name ___________________________________________ Social Security No. _______ _______

Address ___________________________________________ County _______________________
Street ___________________ City ___________________ State _______ Zip ____________

Email ________________________ Phone H: __________ C: _______________________

Honors or Awards: (indicate whether community, high school, or university/college):

Activities: (indicate whether community, high school, or university/college):

Your career or educational goals:

What is your cumulative GPA? ____________ What is your current academic status? (check below)
High School Senior □ College Freshman □ College Sophomore □ College Junior □ College Senior □ Other □

What college do you plan to attend for the 2014-2015 academic year? _______________________________________

Year of high school graduation or GED ____________ Anticipated year of graduation from college ____________

Parent’s name, occupation & annual income (must be completed by students if claimed as dependents on their parents
income tax return.) (If student is selected as recipient, a copy of parents income tax return MAY be required to verify
financial need.)

Father __________________________ Occupation __________________________ Annual Income $ _______

Mother __________________________ Occupation __________________________ Annual Income $ _______

Student Income $ _______________ Estimated Educational costs for full academic year $ __________

Please provide all other financial assistance received (including scholarships) and any further information related to special
needs or circumstances:

Reminder: Attach Transcript!