## Ruth McLarin SCHOLARSHIP COVER SHEET

## **DEADLINE:**

Fall Semester: April 30 Spring Semester: October 30 [of current year]



MISSION STATEMENT:

The Ruth McLarin Scholarship Fund will provide financial assistance to eligible members' children, and grandchildren for the purchase of books, supplies, and equipment in pursuit of their college education, starting with freshman year.

**VISION STATEMENT:** 

To promote higher education and life-long learning by "paying it forward" to individual Us Club Members' respective children and grandchildren.

AWARD:

A minimum of \$250, based on the amount in the scholarship fund.

**ELIGIBILITY:** 

The recipient must be a graduating senior with a grade point average of 2:8 or higher **and** acceptance at an accredited school of higher learning, beginning either the first or second semester. They must have been accepted by school of choice as a full-time student. Request for part-time student will be evaluated or considered on an individual basis.

**REFERENCES:** 

The recipient must have three letters of recommendation. One (1) letter must be from a school principal or counselor, one (1) from a community leader, and one (1) from a non-family member.

ESSAY:

Submit a TYPED 500 word double spaced biographical essay covering the following information:

- 1. What are your goals and aspirations and explain how you plan to attain them.
- 2. What accomplishments are you proudest of? Why?
- 3. Specify any positions or offices held and any awards received.
- 4. Who has had the most positive influence over your success?
- 5. What community/church activities have you participated in during the last four years?
- 6. Provide a short description of your family background.
- 7. Have you overcome any barriers to reach your academic success? Explain.

## Application and all supporting documents should be mailed to:

Scholarship Committee C/o Mr. Marvin Matthews/Chair Person 1306 Blue Grass Way Gambrills, MD. 21054

## Ruth McLarin SCHOLARSHIP APPLICATION

Full Name	
Address	
CityStateZip	Please attach a Wallet Size photo here.
Phone ( )	para para and and and and and and and and and an
Email:	
Parents/Grandparents	
Parents/Grandparents(Must be current club members) High School	
Address	
CityStateZip	
Name of Guidance Counselor/Principal	
School and Community Activities	
GPA(A sealed transcript should be mailed directly to	the Scholarship Chair.)
College/School of Higher learning	
(Letter of acceptance requ	uired)
Enclosures (5):	
Essay	
Three Reference Letters Copy of Acceptance Letter	
Copy of Acceptance Letter	

Revised 11.15.11

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