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# Ruritan National FOUNDATION

P.O. Box 487, Dublin, Virginia 24084

(540) 674-5431

toll free (877) 787-8727

e-mail: [foundation@ruritan.org](mailto:foundation@ruritan.org)

## ***Instructions for Completing Ruritan National Foundation Applications***

1. The application and other needed information -- deadline is April 1. Application must be received prior to or postmarked on April 1. **NO APPLICATIONS will be accepted which are postmarked after April 1.**

Late or incomplete information disqualifies the applicants. Receipt of application and other needed information by Ruritan National Foundation is the responsibility of the applicant.

2. Make certain **EVERY** line is filled out on the application. Please print in ink or type. If the questions does not apply to your situation, place N/A in the application blank.

3. This application will not be considered without the completed reference letters from two (2) active Ruritan members. Use the reference letters attached to this application. Only the first two (2) letters received will be used.

4. Have your high school or college send your most recent grades (a minimum of 6 semesters or 3 years) prior to April 1 to Ruritan National Foundation for inclusion with this application.

5. Have your high school or college send a copy of your SAT or ACT scores.

6. Sign and date the application.

7. Complete the Confidential Financial Statement in its entirety.

8. Students who have received grants in previous years must submit an entire completed application.

If you have further questions or comment, please contact:

**Ruritan National Foundation**

**P.O. Box 487**

**Dublin, VA 24084**

**Tel. (540) 674-5431**

**toll free: (877) 787-8727**

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P.O. Box 487, Dublin, Virginia 24084  
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## **STUDENT APPLICATION FOR REGULAR EDUCATIONAL GRANT**

*Please print in ink or type.*

### **ABOUT THE RURITAN NATIONAL FOUNDATION**

The purpose of the Ruritan National Foundation is to manage and maintain a trust for the encouragement, promotion and financing of the charitable, educational and benevolent principles and activities of Ruritan Clubs and of Ruritan National.

### **RURITAN NATIONAL FOUNDATION EDUCATIONAL GRANT FUND**

**Purpose:** The Ruritan National Foundation Educational Grant Fund is a program established to assist young men and women secure formal training beyond high school.

**Who may apply for an award?** Any person recommended by two active Ruritan Club members.

**How are recipients of grants determined?** On the basis of financial need, character, scholarship, academic promise and desire by the applicant for further education or training.

**Who selects which students receive grants?** The Ruritan National Foundation Trustees

**What is the amount of a grant?** This will be determined by individual need and funds available.

**How often may a student apply?** Grants are made annually. A recipient may reapply each year. Preference is given freshmen and/or sophomores.

**What is the deadline for applying?** Application and supporting papers (including the Confidential Financial Statement and two Reference Letters from Ruritan members) must be received by the Foundation Office by April 1. Incomplete information disqualifies applicants.

**How do I apply?** Applications may be secured from Ruritan National Foundation, Box 487, Dublin, Virginia 24084. Return completed applications to the same address.

### **What is needed other than the application?**

1. Confidential financial statement.
2. Reference letter from two (2) Ruritans using the forms provided with this application. Only the first two letters received will be used.
3. School record
  - (a) High school should mail a minimum of 6 semesters (3 years) of grades to Ruritan National Foundation OR if in college,
  - (b) College submit a current record of grades for all courses prior to April 1 of any year application submitted.
  - (c) Send copy of SAT/ACT scores.

### **Are grants repayable?**

No. This is an outright cash grant from the Ruritan National Foundation.

### **INCOMPLETE INFORMATION DISQUALIFIES APPLICANTS**

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**Ruritan National Foundation Grant Application**

Answer all sections. If a section does not apply, write N/A in the blank. Incomplete applications will be disqualified.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Marital Status \_\_\_\_\_

Name of Parents or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

To what college(s) have you applied? \_\_\_\_\_

Have you been accepted by a college? \_\_\_\_\_

If not, when do you expect to receive notification? \_\_\_\_\_

Have you applied for other financial aid? \_\_\_\_\_

From whom? \_\_\_\_\_ Amount \_\_\_\_\_

Have you applied for or do you expect to receive a PELL or other government grant or loan? \_\_\_\_\_

Amount of PELL or other government grant or loan \_\_\_\_\_.

Are there unusual circumstances that merit your receiving financial aid? Please explain below. Attach additional sheets if necessary:

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

**List other dependents in family:**

Name	Age	School, Occupation	Marital Status
_____	_____	_____	_____
_____	_____	_____	_____

Statement of Applicant: I understand and agree to the terms under which the financial aid is provided as set forth herein. I understand that I may re-apply for financial aid but that if I fail to maintain standards acceptable to the Trustees and the sponsoring Ruritan Club, or if I should be put on probation by the college, continuance of my financial aid will be subject to review.

Date: \_\_\_\_\_

Signature of Parent or Guardian

Date: \_\_\_\_\_

Signature of Applicant

ALL INFORMATION CONFIDENTIAL. ANSWER ALL QUESTIONS, SIGN & MAIL WITH REFERENCE FORM LETTERS FROM TWO (2) ACTIVE RURITAN CLUB MEMBERS TO:  
RURITAN NATIONAL FOUNDATION  
P.O. BOX 487, DUBLIN, VIRGINIA 24084  
TELEPHONE (540) 674-5431; toll free: (877) 787-8727; e-mail: foundation@ruritan.org

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# **Reference Letter for Ruritan National Foundation Grant Programs**

*Two (2) Completed Reference from Active Ruritan Club Members*

*(This reference letter will remain confidential to Ruritan National Foundation Trustees)*

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

Address \_\_\_\_\_

\_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

Is the applicant related to you? \_\_\_\_\_

Please comment on the applicant's character \_\_\_\_\_

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

Why do you believe the applicant needs financial aid (please be as specific as possible)? \_\_\_\_\_

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

Do you recommend applicant? \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ruritan Club Member Signature

Address \_\_\_\_\_

\_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Ruritan Club \_\_\_\_\_ District \_\_\_\_\_

**Send completed reference letters to:**

**RURITAN NATIONAL FOUNDATION  
P.O. Box 487, Dublin, Virginia 24084, Tel. (540) 674-5431  
toll free: (877) 787-8727; e-mail: [foundation@ruritan.org](mailto:foundation@ruritan.org)**

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# Confidential Financial Statement for Ruritan National Foundation Regular Grant Program

**Completed Financial Statement Must Accompany Application. This Information Will Be Reviewed By Ruritan National Foundation Trustees ONLY**

<p><b>Annual Income &amp; Expenses</b> <i>(Parents' or Guardian's information, otherwise submit applicant and spouse information if married)</i></p> <p><b>Salaries &amp; Wages before taxes:</b></p> <p>a. Father, stepfather,..... _____ or male guardian (omit if applicant is married)</p> <p>b. Mother, stepmother, or female..... _____ guardian (omit if applicant is married)</p> <p>c. Applicant..... _____</p> <p>d. Applicant's spouse..... _____</p> <p><b>Other Income</b> (itemize and ..... _____ explain on separate page)</p> <p><b>TOTAL INCOME:</b>..... _____</p> <p><b>Business Expenses</b> (itemize and..... _____ explain on separate page)</p> <p><b>Annual Rent or Mortgage Payments</b>..... _____</p> <p><b>Medical &amp; Dental Expenses</b>..... _____ (incl. medical insurance premiums)</p> <p><b>Other Extraordinary Expenses</b>..... _____ (please explain on separate sheet)</p> <p><b>TOTAL FEDERAL INCOME</b></p> <p><b>TAX FOR PREVIOUS YEAR</b>..... _____</p>	<p><b>Assets and Liabilities</b> <i>(Parents' or Guardian's information, otherwise submit applicant and spouse information if married)</i></p> <p><b>Home (if owned):</b></p> <p>a. Present Market Value..... _____</p> <p>b. Year Purchased _____</p> <p>c. Purchase Price..... _____</p> <p>d. Unpaid Mortgage..... _____</p> <p><b>Other Real Estate</b> .....</p> <p>a. Present Market Value..... _____</p> <p>b. Unpaid Mortgage..... _____</p> <p><b>Bank Accounts</b> (total of savings ..... _____ and checking accounts)</p> <p><b>Other Investments</b> (Present Market Value)..... _____</p> <p>Face Value of Life Insurance Policies..... _____</p> <p>List Family Vehicles Owned (Make and Year)</p> <p>_____</p> <p>_____</p> <p><b>Total Car Debt</b> .....</p> <p><b>Other Indebtedness Not Listed Above</b> .....</p>
<p><b>Estimated Expenses of Applicant</b></p> <p>Cash Needs For.....9 months _____ .....12 months _____</p> <p>resident _____married _____ commuter _____single _____</p> <p>Tuition and Fees..... _____</p> <p>Applicant's Room..... _____</p> <p>Applicant's Board..... _____</p> <p>Books and Supplies..... _____</p> <p>Clothing, Linen, Laundry..... _____</p> <p>Recreation &amp; Medical..... _____</p> <p>Personal Expenses..... _____</p> <p>Transportation..... _____</p> <p><b>TOTAL EXPENSES</b>..... _____</p>	<p><b>Resources for Applicant</b></p> <p>Total Scholarships (list sources below)..... _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Family Contributions</b>..... _____</p> <p>From Parents/Guardian..... _____</p> <p>From Parents of Spouse (if Married)..... _____</p> <p>Applicant's Estimated Summer Income..... _____</p> <p>Net Income of Spouse..... _____</p> <p>Applicant's Savings..... _____</p> <p>Veteran's Benefits..... _____</p> <p>Social Security Benefits..... _____</p> <p>Loans..... _____</p> <p>Other Sources of Income..... _____</p> <p><b>TOTAL REVENUES</b>..... _____</p>

Note: Married students should estimate complete resources and expenses for husband, wife and children (if any). Estimate on either a 9-month or 12-month basis.