Roman Pride Scholarship Application



Due 3/15

Thank you for taking time to apply for a Roman Pride Scholarship! This scholarship will be awarded to two past students of Rome City School in the amount of \$200 each and will be paid directly to students upon documentation of enrollment in a post-secondary education program. To ensure we have all the information needed, please complete this application in full and follow the instructions along the way.

Once completed.	please submit all	your information to	Rome City	/ Elementary	y School as follows:

Rome City Elementary

Rome City, IN 46784

hgreen@eastnoble.net

Rome City School

Attn: Scholarship Committee

P.O. Box 218

By Mail:

By Email:

By Fax:

	ATTN: Scholars Fax Number: (26	•			
1. Applicant's Full Name:	LAST NAME	FIRST	NAME	MIDDLE INITIAL	
2. Applicant's Complete A	ddress:				
STREET ADDRESS					
STREET ADDRESS (SECO	ND LINE)	. 1937 - 19			
CITY	STATE/PROV	VINCE	POSTAL CODE/Z	ZIP CODE	
PHONE		E-MAIL	ADDRESS		
3. Date to graduate (or gr	aduated) from hig	jh school:			
4. Date to enter (or entere	d) post-secondar	y educati	on:		
5. Name of post-seconda	ry institution you a	are planni	ng to attend:		

/ Liet Valle av	tracurricular activitica (include any decoriations and decile and the least)
7. List your ext	tracurricular activities (include any descriptions or details as attachments):
8. List the nan as attachment double-spaced	nes of your references, limited to three (3) total. (Include actual reference letters is, at most 2 pages each, single-spaced, 12-point type; may be less, such as I, etc.):
3 	
9. Brief descrip	otion of relevant community service/job history:
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10. Brief desci (Additional writ packet.)	ription of an impactful memory you have from your time at Rome City School ting may be submitted on separate sheet of paper attached to the application
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4.4. A	al comments you wish to include? (You may also include them as an attachment,
14. Any genera limited to one p	page.)