

Jan Rhoads Memorial Scholarship

Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Telephone _____ G.P.A. _____ S.A.T. Score _____
University that you plan to attend _____
Intended area of study _____

Please list the following:

Year and types of achievements or honors:

Extracurricular activities (include offices held):

Please answer the following question using the space provided or by attaching a separate sheet of paper if necessary.

Briefly explain why you feel that the teaching profession is important and tell us about your goals and/or plans after receiving your degree: _____

Terms of Scholarship:

The recipient of the Jan Rhoads Memorial Scholarship will be determined based on the above application. The recipient should understand that this scholarship will be awarded according to the following restrictions and requirements:

1. **Applicant must major in education.** Special consideration will be given to those who major in English.
2. **Recipient must maintain a grade point average of 2.0 per semester.**
3. **Scholarship may be cancelled if disciplinary probation is imposed or recipient fails to comply with any of the above.**

APPLICANT'S SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN