

<p style="text-align: center;"><b>APPLICATION REQUIREMENTS</b> <b>Ray Kest Old Newsboys Memorial Scholarship</b></p>
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**QUALIFIED APPLICANTS MUST SUBMIT THE FOLLOWING MATERIALS TO THE RAY KES OLD NEWSBOYS MEMORIAL SCHOLARSHIP COMMITTEE IN ORDER TO BE CONSIDERED:**

1. Completed application – must be typed or neatly printed.
2. A current, official transcript of high school grades.
3. A signed copy of both parent's / guardian's 2020 federal income tax return, OR verification of income if no return is filed.
4. A signed copy of the student's 2020 federal income tax return (if applicable)
5. TWO (2) letters of recommendation on school / company letterhead, along with contact information.
6. An essay, comprised of not more than 500 words indicating the reasons the applicant feels s/he would be eligible for a scholarship, future plans, and any extenuating circumstances which should be considered by the selection committee. The essay must be typed or neatly printed.

**ALL ITEMS SHOULD BE MAILED TO:**

- Ray Kest Old Newsboys Memorial Scholarship  
Attention: Ron Shnider  
3752 Fairwood Drive  
Sylvania, Ohio 43560

**DEADLINE:**

The deadline for receipt of all information is **October 15, 2021**. It is the applicant's responsibility to see that all requirements are completed and on file with the Ray Kest Old Newsboys Memorial Scholarship by the due date. Students submitting incomplete applications, or not submitting all of the required materials by the due date, will not be considered.



# Ray Kest Old Newsboys Memorial Scholarship

## STUDENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Mon Day Year

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student's Employer: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Other Income and Source: \_\_\_\_\_

## HIGH SCHOOL INFORMATION

Name of High School: \_\_\_\_\_

Awards and Extra Curricular Activities: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ of \_\_\_\_\_

ACT/SAT: \_\_\_\_\_ NO \_\_\_\_\_ YES ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_

Colleges considering: \_\_\_\_\_

Accepted? \_\_\_\_\_ NO \_\_\_\_\_ YES Which ones(s): \_\_\_\_\_

College Major and Why? \_\_\_\_\_

## FAMILY INFORMATION – Must be filled out completely

Parent/Guardian: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Other Family Income, including:

Child Support: \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_ Survivor Benefits: \$ \_\_\_\_\_  
Social Security: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ Source: \_\_\_\_\_

List other individuals living in household and relationship:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Approximate monthly house payment: \$ \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Annual amount parent/guardian(s) will be able to contribute toward your education: \$ \_\_\_\_\_

**OTHER FINANCIAL AID**

List below all financial aid you have been awarded thus far for the current school year. If you receive an award, you must keep us informed about other financial aid received. Failure to do so may result in termination of your award.

Name of Award / Grant / Loan – Include the amount received:

Award/Grant/Loan: \_\_\_\_\_ Amount Received \$ \_\_\_\_\_  
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Award/Grant/Loan: \_\_\_\_\_ Amount Received \$ \_\_\_\_\_  
Award/Grant/Loan: \_\_\_\_\_ Amount Received \$ \_\_\_\_\_  
Award/Grant/Loan: \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

Describe any extenuating circumstances that should be considered by the selection committee:

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

Extenuating circumstances, continued:

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*You may provide any additional information you wish (special circumstances, awards, etc., on an 8"x11" piece of paper – maximum of one (1) additional page. (FE103).*

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. I AGREE, IF REQUESTED, TO PROVIDE THE OLD NEWSBOYS SCHOLARSHIP COMMITTEE WITH ADDITIONAL INFORMATION NEEDED TO DETERMINE MY QUALIFICATIONS FOR THIS SCHOLARSHIP. IN THE EVENT I HAVE DISCLOSED ANY PUBLIC ASSISTANCE, I MAY HAVE RECEIVED DIRECTLY OR INDIRECTLY FROM THE LUCAS COUNTY DEPARTMENT OF JOBS AND FAMILY SERVICES (LCDJFS), I AUTHORIZE LCDJFS TO RELEASE ALL INFORMATION SOLELY FOR THE PURPOSE OF VERIFICATION. IF I BECOME A SCHOLARSHIP RECIPIENT, AND IF REQUESTED BY THE OLD NEWSBOYS SCHOLARSHIP COMMITTEE, I AGREE TO FURNISH REPORTS THAT CAN BE USED TO DETERMINE MY ACADEMIC PROGRESS AND USE OF SCHOLARSHIP FUNDS. FURTHER, I GIVE MY PERMISSION TO THE OLD NEWSBOYS SCHOLARSHIP COMMITTEE TO RELEASE ANY PERTINENT INFORMATION FOR PUBLICITY PURPOSES.

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Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

