

Joel McRoberts Memorial Scholarship
Lorain Soil & Water Conservation District

Scholarship Amount: \$1,000.00

BASIC REQUIREMENTS

1. Must be enrolled for the fall quarter/semester 2024 at a two or four-year college or university *in Ohio*, as a full-time student.
2. Must be enrolled in an *agricultural or natural resource* related field.
3. Must be a resident of Lorain County.
4. Payment for the scholarship will be made to the student after the following:
 - Payment receipt received for spring quarter/second semester fees (2025)
 - 2.5 GPA or better for the first quarter/semester
 - Must be continuing his/her education in an agricultural or natural resource related field
 - Scholarship payment must be claimed by June 30, 2025
5. A transcript of your high school grades must be attached to the scholarship application form. A minimum of a 2.5 grade point average is required for consideration.

Return application to: Lorain Soil & Water Conservation District
42110 Russia Road
Elyria OH 44035-6813

Deadline: Must be postmarked by Friday, April 19, 2024

Please type or print clearly in black ink.

APPLICANT INFORMATION

Name _____ Cell Phone _____
Address _____
City _____ Zip _____
Email address _____
How many siblings do you have? _____ Their ages _____
Names of Parents (or Guardian) _____
What school will you attend? _____ ☐ Applied ☐ Accepted
What is your planned course of study? _____ ☐ Two-Year ☐ Four-Year
High School attended _____ Year graduating _____
Employment experience (Include work experience at home)

High School Achievements (Awards, honors, leadership)	High School Activities (Band, sports, clubs)

Volunteer (community service) activities:

Please write one or two short paragraphs on your educational and career goals.

Have you been chosen or are you being considered for any other scholarships for the 2023-2024 school year?

_____ Yes _____ No

Name of Scholarship	Amount	Being Considered	Selected
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I have personally prepared this application and believe it to be correct.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

PERSONAL REFERENCE (Teacher, FFA or 4-H Advisor, Minister, etc. — not a family member):

Character Reference (Include an estimate of success in college):

Any additional comments:

Signed _____ Title _____
Address _____ City _____ Zip _____
Phone _____ Date _____

RECOMMENDATION BY HIGH SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR

Student's Name _____ **graduated from** _____ **High School on**
_____. **Number in graduating class** _____ **Rank in Class** _____

Character Reference (Include an estimate of success in college)

Your estimation of the applicant's financial needs.

Any additional comments:

Signed _____ **Title** _____
School _____
Address _____ **City** _____ **Zip** _____
Date _____