

2025 RW Towne Foundation Internal Scholarship Application Sponsored by The RW Towne Foundation

	ch of the 3 schola n of Higher Learning year directly to the s	g: \$2000 Scho	, _	ou may only إ	oick c	one.	
• Student must maintain a 3.0 or higher GPA.							
• Student must maintain full time status (Minimum 12 credit hours)							
• Student must submit transcripts each year to receive next allotment of funds.							
 2 Year Institution of Higher Learning: \$1000 Scholarship \$500 paid each year directly to the school. 							
• Student must maintain a 3.0 or higher GPA.							
Student must maintain full time status (Minimum 12 credit hours)							
Student must submit transcripts each year to receive next allotment of funds.							
• \$500 paid direc	_	gram after rec		h school transc	ript		
Last Name:		First Name:		Middle Name:			
Social Security #:			Date of Birth:				
Address: Street			City/State:		Zip:		
Phone Number:			Email:				
Are you a U.S. citizen?	□ YES □ NO						

Name of R&W Relative: ______ Relationship: _____

Last Name:		First Name:		Middl	le Name:		
Last Name.		FIIST Name:		IVIIdai	ie Name.		
Employer:			Occupation:				
Address: Street			City/State:			Zip:	
Mother/Guardian							
Last Name:		First Name:		Middle	Name:		
Employer:			Occupation:				
Address: Street			City/State:			Zip:	
			Grey/Geaco.			ZIP.	
List the names of all family	members living	in your home (exc		orementi	oned parent		ans):
List the names of all family Name	members living	in your home (exc			1	s/guardi	ans): ent/School
	members living		cluding yourself & af		1	s/guardi	
	members living		cluding yourself & af		1	s/guardi	
	members living		cluding yourself & af		1	s/guardi	
	members living		cluding yourself & af		1	s/guardi	
			cluding yourself & af		1	s/guardi	
Name			cluding yourself & af		1	s/guardi	
Name	VITIES:		cluding yourself & af		1	s/guardi	

Awards and honors you have received:

special schools of	programs in which you have part	icipated:			
School/Class Offic	ces Held:				
Community servic	e in which you participate or have	e participated:			
III. REFERENCES [Provide only 3]				
Last Name:		First Name:			
Address: Street	City/St	ate	Zip:		
Phone #		Title/Position:			
Last Name:		First Name:			
Address: Street	City/St	ate	Zip:		
Phone #		Title/Position:			
Last Name:		First Name:			
Address: Street	City/St	ate	Zip:		
Phone #		Title/Position:			

IV. CERTIFICATION

Parent/Guardian:

To the best of my knowledge, the information stated in this application is complete and correct.

I understand that (student's name is applying for financial aid to help with the educational expenses of continuing education and I approve of this application. Should he/she win, I also grant permission to R W Towne to publish photos of my child.

Parent/Guardian's signature:	Date:
Student:	
To the best of my knowledge, the information stated	d in this application is complete and correct.
Student's signature:	Date:

*** When submitting your entry, be sure to enclose the following:

- Application
- Essay
- Transcripts
- 1 3 Letters of recommendation (No more than 3 please)

Email Full Application Package to the RW Towne Foundation Scholarship Chair Currently held by Terri Stickle.

Email address to use: tstickle@RWTowne.com

* Applications must be received by Friday, April 18th *