

ROBERT BRUTON MEMORIAL SCHOLARSHIP FUND

PURPOSE: To provide funds to a child who currently lives in the American Children's Home or a person who once lived in the Junior Order Children's Home (now the American Children's Home) in Lexington, NC, or Tiffin, Ohio, or the descendant, either by blood or adoption, of a child who at one time lived at said Homes per by-laws, Article VII, to continue the student's education through an accredited college, university, community college or trade school. The scholarship is a one-year gift (see #10 below) and will be awarded to a graduate based on academic achievement and financial need.

SCHOLARSHIP REQUIREMENTS:

1. Must be a child who lived in the above-named Home at any time (currently or formerly) or the descendant, either by blood or adoption, of a person who once lived in the Home.
2. Be a high school graduate
3. Complete the scholarship application
4. Include 2 letters of recommendation: from a teacher, friend, employer, pastor, etc.
5. Write an essay (included in the application) describing his/her educational experience and stating his/her intentions for further educational and personal goals and aspirations.
6. Include a copy of transcript that is verified by the school.
7. Recipient must maintain at least a 2.0 GPA the first quarter or semester grading period and must maintain a 2.0 GPA to be eligible for continuation of the scholarship.
8. Recipient must provide the Secretary of the Scholarship Fund a copy of grades for each grading period.
9. Recipient is encouraged to attend each Robert Bruton Memorial Dinner held the last Saturday of April each year.
10. Recipient may be considered for another annual award but must make request in writing by December 31 and must be in compliance with above requirements 7 and 8.
- 11. DEADLINE** for submitting the completed application package is **DECEMBER 31 for award for the following fall semester.**

Robert Bruton Memorial Scholarship Application

Applicant Data

Name Last First Middle Initial

Current Mailing Address
Number Street Apt. # Phone: ()

City State Zip Code Date of Birth: Mo Day Year

Please Check the One that Applies Currently

- Senior in High School Enrolled in College Other (Please Explain)

Parent or Guardian Information

Name Last First Middle Initial

Occupation Relationship to Applicant

Name Last First Middle Initial

Occupation Relationship to Applicant

Relationship to Home Kid

Name of Home Kid: Relationship:

Name of Home Kid: Relationship:

Transcript Information (Transfer information from transcript)

Applicant's GPA ACT Score

(Attach copy of transcript verified by Guidance Counselor)

College/University/Technical/Community College Data

Names of schools to which you have applied

Name: Location: Accepted? Yes No

Name: Location: Accepted? Yes No

Name: Location: Accepted? Yes No

Previous college/university experience:

Name: Graduation Date: Degree: GPA:

Community/Church Involvement

Activity/Program

Offices held, special awards, honors

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Extra-curricular School Activities

Activity

Years
Participating

Offices held, special awards, honors

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Work Experience

Company

Position

Dates Employed

Hrs/wk

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Economic Circumstance/Need (Provide the following family economic information)

Family Income: \$ Savings: Yes No Number of Dependents in Family:

Does Family own Home? Yes No Mortgage? Yes No Single Parent? Yes No

Explain unusual family expenses:

<input type="text"/>

Other Scholarships Applied for/Received

How did you learn about the Robert Bruton Memorial Scholarship?

Essay describing your educational experience and stating your intentions for further education and personal goals and aspirations:

(Make sure that you have complied with all scholarship requirements and thoroughly completed the application.)

My signature denotes that the above information is true and accurate to the best of my knowledge.

Applicant's Signature

Return application and required information to:

**Roy Adams, Secretary/Treasurer
5409 Choyce Court
Winston-Salem, NC 27106
(336) 924-8659**