

**AHARON WOODRUFF SCHOLARSHIP**  
**APPLICATION FORM**  
**Due March 15<sup>th</sup>**

The purpose of the scholarship is to provide educational assistance to Wayne County residents/individuals under the age of 70 that are or have been diagnosed with a critical/chronic life threatening disease/illness.

**Eligibility requirements:**

- Applicants must be under the age of 70 and have a diagnosis of a critical/chronic life threatening disease/illness.
- Applicants must submit an essay of 750 words or less on how their disease/illness has impacted their lives and their educational goals.
- Applicants must submit evidence from a treating physician.
- Applicants must provide two letters of recommendation from non-related persons. References must include the person's name, address and phone number with the letter of recommendation.
- Applicants must be entering or attending a college, university, or vocational/technical school.
- Applicants must provide an official high school transcript, ACT or SAT scores (if applicable), and a current college transcript (if applicable).
- Applicants must be seeking enrollment as a full-time student and have a 3.00 GPA. Special consideration may be given to an applicant who has a GPA lower than 3.00 but can provide documentation that grades were affected by invasive treatments related to their disease/illness.
- The award will be given to the applicant's school the second semester/quarter of the academic year.

**Personal Information**

*Please print following information*

Full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: Home (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

Email address: \_\_\_\_\_

**Medical History**

Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Age of Diagnosis: \_\_\_\_\_

Treatment for Diagnosis: \_\_\_\_\_

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**Education**

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Street, City, State, Zip \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Cumulative Grade Point Average: \_\_\_\_\_

School Attending or Plan to Attend: \_\_\_\_\_

Address: \_\_\_\_\_

Street, City, State, Zip \_\_\_\_\_

Cumulative Grade Point Average (if applicable): \_\_\_\_\_

Major Field of Study: \_\_\_\_\_ Career Objective: \_\_\_\_\_

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that falsification of any information provided will result in termination of any scholarship consideration and/or granted.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

Send all application documents and letters of reference to:

Wayne County Community Foundation  
Aharon Woodruff Scholarship  
517 North Market Street  
Wooster, OH 44691

**The complete application packet must be received by March 15<sup>th</sup>.**

**Note:** If you are a recipient of this scholarship, through the Wayne County Community Foundation, all monetary awards will be made payable to your account at the post-secondary school you will be or are attending. Unless otherwise stated, checks will be issued prior to the second semester of the new school year. No checks will be awarded directly to any individuals.