Cody Rahe Memorial Scholarship Fund Through The Defiance Area Foundation 613 West Street St., Defiance, OH. 43512 Phone (419) 782-3130 www.defianceareafoundation.org

Cody Rahe Memorial Scholarship Fund

Cody Rahe was a man that often put the needs of others before his own. This is how he became a Varsity Assistant Softball Coach at Fremont Ross High School. His wife, Megan, needed help and he volunteered. Cody gave 100% of himself to support his wife and support the athletes in the softball program in a positive fashion. Megan has established this fund to provide a financial opportunity to softball athletes that exhibit this attitude of selflessness/giving and plan to continue their education and/or training beyond high school. Scholarship amounts will vary based on fund availability and will be made payable directly to the college, university, institution or school of their choice. Preference will be given to qualified students who have the greatest financial need.

Eligible Applicants / Qualified Persons:

- Will graduate from Fremont Ross High School
- Are members of the Fremont Ross High School Softball Program
- Have exhibited leadership qualities and an attitude that places a priority on the success of others.
- Intend to graduate/complete a secondary program beyond High School

Application Information

Applications should be mailed to Defiance Area Foundation, 613 West Third St., Defiance, OH. 43512. Applications will be accepted through the google doc form or with a **postmark no later than March 31**, **2022.** Completed application and attachments may also be emailed to <u>dani@defianceareafoundation.org</u>.

The student will make application on the designated form and will provide the following additional information attached to the application:

- Financial Aid Award Letter
- College fee sheet

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PART I – APPLICANT INFORMATION – print or type

Name:					
last		first		middl	le
Permanent Address: _					
		street address			
-	city		state		zip
Date of Birth:		Sex:	\Box M	\Box F	
Home Phone:		Cell I	Phone:		
College/Secondary Institution:		Ex	Expected Graduation Date:		
College/Secondary In	stitution: City, State, 2	Zip:			
College/Secondary In	stitution Acceptance L	etter Received (date)			

<u>PART II – ACTIVITIES</u> – attach separate sheet if necessary.

Work Experience-List your work experience.

Employer		End	Hours per week	Duties
	date	date	week	

Extracurricular Activities

List all campus activities in which you have participated during your year(s) in High School (e.g. music, clubs, theatre, student government, etc.).

Activity	No. of	Letter #	Special Awards/Honors/Offices held
	years	of years	

Sports Participation

List the years you have participated in high school sports.

Sport	No. of years	Letter # of years	Special Awards/Honors/Offices held

Community Service

List all community activities in which you have participated without pay during your year(s) in high school (e.g. church, volunteer, tutor, etc.).

Activity	No. of	Special Awards/Honors/Offices held
	years	

PART III - APPLICATION CHECKLIST

Check the items you have included and provide an **explanation** for any items that will be mailed at a later date.

- □ School Fee Sheet
- □ Financial Aid Award letter attached
- □ Financial Aid Summary (Indicating financial need)

□ Current annual cost of college tuition, room and board for a full-time student \$_____

Essay – Explain how you put others ahead of yourself, this could be to family, community, friends, etc. Give an example or two of what you may has sacrificed in order to help others achieve goals. Attach this information, typed and double spaced, to your application.

, hereby consent, approve, and authorize the Defiance Area Foundation and/or any of I, its Applicable Committees, for the sole purpose of my being considered for this award, to contact, verify and obtain any and all academic and/or financial records from any high school, university or college identified above. Further, I consent and approve the use of a copy of this application for the purpose of obtaining such information in lieu of an original and that same may be faxed, mailed, or e-mailed to any such institution so identified above. Said consent and/or authorization is granted for the entire year in which the application or grant of scholarship applies.

By affixing my signature to this application, I verify that all statements above are true.

Signature_____ Date _____