# LISA R. YODER MEMORIAL SCHOLARSHIP FUND

**Defiance Area Foundation**

**Phone (419) 782-3130 www.defianceareafoundation.org**

**Lisa R. Yoder Memorial Scholarship Fund**

Lisa Yoder encouraged higher education. This fund, established through a trust in her name and maintained by the Defiance Area Foundation, is in memory of Lisa. The scholarship will be payable directly to the college or university of the student’s choice.

**Eligible applicants:**

* have graduated from a public high school.
* attended St. Michaels Ridge Catholic Church, Defiance Ohio as a member at the time of application.
* are continuing on as a full-time first year student at an accredited university or college pursuing an associate’s or bachelor’s degree.

**Application Information**

Applications mailed to Lisa R. Yoder Memorial Scholarship Fund, Defiance Area Foundation, 613 West Third Street, Defiance, OH. 43512 will be accepted with a **postmark no later than March 31.**  The student will make application on the designated form and include additional attachments as necessary:

**Criteria for evaluation:** 50% Essay

50% Work Experience, Extracurricular Activities, Community Service (combination of all)

**Lisa R. Yoder Memorial Scholarship Fund Application**

# Defiance Area Foundation

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## PART I – APPLICANT INFORMATION – print or type

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ last first middle

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

street address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ city state zip

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:  M  F

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II – ACTIVITIES** – attach separate sheet if necessary. **Work Experience-List your work experience**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Start date | End date | Hours per week | Duties |
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**Extracurricular Activities**

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

|  |  |  |
| --- | --- | --- |
| Activity | No. of years | Special Awards/Honors/Offices held |
|  |  |  |
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|  |  |  |
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**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 years | Special Awards/Honors/Offices held |
|  |  |  |
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## PART III – ESSAY

How have you used your faith to improve your community?

Attach this typed, double spaced, one to two page essay (12 point font) to your application.

## PART IV – APPLICATION CHECKLIST

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

* Current cumulative GPA \_\_\_\_\_\_\_\_\_\_\_

* Essay attached

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

* Attended all four years of high school at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* During all four years of high school I lived in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County

(Optional) – Explain any circumstances or factors, which you feel warrant special attention to include unusual personal, family or financial circumstances or challenges. Attach this information, typed and double spaced, to your application.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent, approve, and authorize the Defiance Area Foundation and/or any of its Applicable Committees, for the sole purpose of my being considered for a Lisa R. Yoder Memorial Scholarship Fund Award, to contact, verify and obtain any and all academic and/or financial records from any high school identified in Part IV of this application that I have attended. 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 in Part IV of the application for purpose herein stated. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_