# Richard Stork and Emmajean Stork Scholarship Fund Through The Defiance Area Foundation 613 West Street St., Defiance, OH. 43512 Phone (419) 782-3130 www.defianceareafoundation.org

## **Richard Stork and Emmajean Stork Scholarship Fund**

Richard and Emmajean Stork were lifetime residents of Defiance. Richard graduated from Defiance High School in 1943 and Emmajean Hohenbrink Stork graduated from Defiance High School in 1940. Although neither of them had the opportunity to attend college, Richard Stork was trained as a radiology assistant while serving in the United States Navy during World War II. At the conclusion of the war, he returned to Defiance and he worked at the Defiance Hospital as a Radiology Assistant for the rest of his work life. Emmajean was a secretary for 36 years at Toledo Edison. Both Richard and Emmajean understood the importance of the relative new medical field of radiology and by this gift desire to provide financial assistance to fellow Defiance High School Alums who are pursuing a career in radiology.

The recipient will be graduates within the last ten (10) school years from Defiance High School (as measured retroactively from the date of the award) who are studying radiology technology, medical laboratory technology, physicians specializing in post graduate technology, and allied health sciences/medically related areas.

The award is intended to be used only for primarily tuition and will be paid directly to the college or university. This scholarship may be renewable but will be reviewed annually.

## **Eligible Applicants / Qualified Persons:**

- Defiance High School Senior or graduate within the last 10 years of school
- Intend to study:
  - o radiology technology
  - o medical laboratory technology
  - o physicians specializing in post graduate radiology
  - o allied health sciences/medically related areas

## **Application Information**

Applications should be mailed to The Defiance Area Foundation, 613 West Third Street, Defiance OH. 43512. Applications will be accepted with a **postmark no later than March 1**. Approved scholarships will be paid in July. The student will make application on the designated form that follows and will provide the following additional information attached to the application:

- A short essay on why the applicant has chosen to pursue the study of radiology (or other medical field) and how the applicant plans to make a difference in their community.
- A current resume

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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:	$\Box$ M	$\Box$ F			
Home Phone:		Cell Phone:					
College:		Expected College Graduation Date:					

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

#### Work Experience-List your work experience (during or since High School)

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Employer	Start	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 or College(e.g. music, clubs, theatre, student government, etc.).

Activity		Letter #	Special Awards/Honors/Offices held
	years	of years	

#### **Sports Participation**

List the years you have participated in high school or college sports.

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

### **Community Service**

List all community activities in which you have participated without pay during your year(s) in high school Or thereafter (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.

□ Current Resume

 $\Box$  You may include a letter of recommendation

□ Essay

<u>Essay</u> -	- Explain an	y information tha	t provides w	what qualities	you feel wo	uld make you	u a good o	candidate for
this aw	ard – includi	ing financial if ap	propriate. H	Please include	any future	or life goals i	if known.	Attach this
informa	ation, typed	and double space	l, to your ap	oplication.				

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 this award, to <u>contact</u>, <u>verify</u> and <u>obtain</u> any and all academic and/or financial records from any employers, 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 \_\_\_\_\_