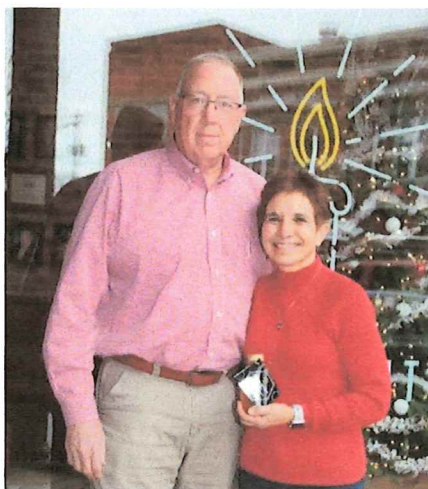


THE RIPPLE EFFECT SCHOLARSHIP FUND



Application Guidelines

The Ripple Effect Scholarship was created and funded in 2021 by Denise and Rick Gillett. The purpose is to honor and support hard-working students who value education and wish to further their education after high school. It is their belief that hard work, coupled with education, is a necessary part of the path toward success. This scholarship will be awarded to Seneca East Local High School students who seek to further their education and hopefully one day “pay it forward” just as the Gillett family is doing. The Ripple Effect Apiary was created as a hobby with the thought of providing additional support for the scholarship fund with 100 percent of the honey sales being donated to the scholarship fund in an effort to expand the “ripple”.

Scholarships in the amount of at least \$1000 will be awarded annually. This scholarship may be used for tuition, books and fees.

A typed essay of approximately 350 words explaining why you are passionate about pursuing a career that will one day allow you to “pay it forward”, shall be submitted with the attached application form. To be eligible, students must be planning to attend a certified Trade School, 2-year Community College, or a 4 year College or University.

No information except that contained on or relating to the application is used in the selection process. The scholarship trustees may verify information presented in the applications.

**Submit your completed application and essay to
Your school counselor by March 31**

The Ripple Effect Scholarship Fund
is a component fund of The Tiffin Community Foundation, Inc.
which maintains exclusive legal control.





The Ripple Effect Scholarship Fund Application

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Deadline March 31

Deliver completed application to
Your school counselor

Attachments:

- List of extracurricular activities
- Current transcript of education.
- Letters of recommendation
- Essay describing your passion to pursue a career that will allow you to "pay it forward" one day.

Name: _____

Address: _____ County: _____

Date of Birth: _____ Place of birth: _____

Home Phone: _____ Cell: _____

Email: _____

Name of Parents/Guardians _____

Annual Household Income: _____

High School: _____

Year of high school graduation: _____ GPA: _____ ACT &/or SAT: _____

Planned Major/minor: _____ Expected graduation date: _____

Career goal: _____

Other sources of scholarship or financial assistance: _____ Please indicate dollar amount for each.

Work Experiences including high school work-study programs: _____

I am available for an interview with the Scholarship Trustees on the following days and times:

Day of the week:

Time of day available:

I hereby give permission for a scholarship fund advisor to contact any of my teachers, past or current employers, coaches, guidance counselors, or educational or professional schools I have attended for additional information about my scholastic attendance, performance, financial circumstances and references.

I understand that the information set forth in this application may be shared with a scholarship fund advisory committee. I acknowledge that all information contained in this application and attachments is true.

I understand that this application and its attachments will become the property of The Tiffin Community Foundation and will not be returned to me, the applicant.

Applicant's signature

Date: _____

Applicant's Parent/Guardian signature

Date: _____

Applicant's Parent/Guardian signature

Date: _____

For Tiffin Community Foundation Use

Date received: _____ Complete? yes no Contacted applicant: _____

Submitted completed application and attachments to Scholarship Trustees: _____

Recommendation: _____
