



RAREA Scholarship Application

Richland Center, WI 53581

© September 21, 2023

Directions. Please word process or print legibly (in ink) all parts of this application. Submit completed application and appropriate documentation by the deadline and to **RAREA President Paul Murphey** (see "RAREA Contact" for details) by traditional mail or by email, as stated within the "Requirements/Timeline."

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (landline) No.: _____ Cell: _____

E-Mail Address: _____

High School Attended: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Graduated: _____ Yes _____ No Year: _____ Estimated GPA: _____

College Program Major: _____

College Program Minor: _____

Estimated Date for Degree Completion: _____

College Location & Address: _____

Anticipated Initial/Continuing Enrollment Date for Semester: _____

Estimated Credits for Semester: _____

Estimated Tuition/Fees/Etc. for Semester: _____

Narrative Questions

1. What is your major and minor, and why did you choose these programs?

2. Who/What may have inspired you to pursue this major and minor and your future public educational career?

3. What do you plan to do with this major and minor upon your college graduation?

4. How would this scholarship help you achieve those plans?

5. Add any additional information not addressed in this application form for the RAREA scholarship committee review.

I have read fully and certify that I meet all the criteria and eligibility requirements for this scholarship. I assume responsibility to contact RAREA President Paul Murphey should my personal plans change between the time of application submission/acceptance and initial/continuing enrollment in my college degree.

YES **NO** I give permission to RAREA to release appropriate scholarship information (name, degree, amount received, etc.) from my application, as well as any potential photograph, for public relations purposes.

Applicant Signature

Date



**Richland Area Retired Educators' Association (RAREA) 2024
Scholarship Recommendation Form**

Applicant. Fill in your name & program/training event, and ask your reference to complete this form. Your scholarship application **WILL NOT** be considered unless the required number (**TWO**) of recommendation forms have been received.

Reference. Complete this recommendation form (word process or legible printing in ink) and mail to **Paul Murphey, RAREA President, 269 South Park Street, Richland Center, WI 53581-2303 (or) pmurphey@mwt.net**. Reference forms are due **by Saturday, June 01, 2024**. The absence of both forms will constitute an incomplete application and disqualify the applicant. All information will be held in confidence. Thank you for your cooperation.

Applicant's Name: _____ Program/Training Event: _____

	5 Outstanding	4	3 Average	2	1 Below Average	Don't Know
Academic Progress or Personal Achievement (grades and/or quality of work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Reliability (Class attendance and/or dependability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude/Cooperation (Relationship with others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills (ability to express ideas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership (judgment and ability to lead and influence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation (initiative, resourcefulness, self-starter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Success (ability to set and achieve goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits/Organizational Skills (ability to plan, manage, and execute)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Please feel free to attach additional pages for your comments.)

Reference Name _____ Title/Relationship _____

Reference Signature _____ Date _____



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