

## **THOMPSON MEMORIAL SCHOLARSHIP AWARD**

The Foundation of the Rotary Club of Waynesboro is pleased to sponsor the Thompson Memorial Scholarship Award. This year three scholarships will be awarded in the amount of \$4,000.00, to be paid at the rate of \$500 per semester over a four (4) year college program.

This Scholarship Program was established through the Foundation of the Rotary Club of Waynesboro by a past president of the Waynesboro Rotary Club, William W. Thompson, in memory of his father, William A. Thompson, who was also a past president of the Waynesboro Rotary Club and an active member of the Waynesboro community. The intent of this scholarship is to provide a substantial sum to a student who demonstrates academic ability and financial need and who is intending to obtain a bachelor's degree. Because the motto of the Rotary Club is "Service Above Self", the applicant's participation in activities of the school and community demonstrating an aptitude for service to others will be significantly recognized. The club believes that service to others is a major strength of our society and desires to encourage those who are practicing it as they grow into adulthood.

Interested students should complete the attached application and return it by **April 16** to:

**Waynesboro Rotary Thompson Memorial Scholarship Award  
Senior High School Guidance Office  
Waynesboro Area Senior High School**

1. **Amount:** The amount of the scholarship will be \$4,000.00 each. This amount will be paid directly to the institution of higher learning in eight semester payments of \$500.00.
  
2. **Eligibility:**
  - (a) The applicant must be a citizen of the United States and be a graduating senior in the Waynesboro Area Senior High School.
  - (b) The applicant must be enrolled in or have a declared intention to enroll in an accredited post-secondary institution on a full-time basis in a program leading to a bachelor's degree.
  - (c) The Rotary Club reserves the right to make awards to applicants who have not received full scholarship from other sources.
  
3. **Evaluation:**
  - (a) Each applicant will be evaluated in three areas: financial need, academic performance, and service activities.
  - (b) Evaluation of application will be performed by a 3 member committee, made up of Rotary members who do not have children who are applicants for the scholarship.
  - (c) A copy of high school records must accompany each application.
  - (d) Financial statements, including a copy of parents' prior year's U.S. income tax return and any other financial statements you consider necessary to substantiate financial need must accompany the application.
  - (e) Letters of recommendation will be accepted.
  
4. **Continuing Qualification:**
  - (a) The recipient must maintain a "B/C or 2.5" average each academic year to be eligible to receive the Scholarship the next succeeding school year.
  - (b) The recipient shall supply the Rotary Club of Waynesboro Foundation, c/o Trust Department, M & T Bank, 13 W. Main Street, Waynesboro, Pennsylvania 17268, with copies of course grades at the end of each semester within 15 days after receiving the same; also submit a copy of each semester bill when received.

# THOMPSON MEMORIAL SCHOLARSHIP

## APPLICATION

This scholarship of \$1,000.00 per year for four years is available through the ROTARY CLUB OF WAYNESBORO FOUNDATION. Eligible applicants are limited to those who make the following declaration:

I hereby certify that it is my intention to enter an accredited college or university on a full-time basis in a program leading to a Bachelor's Degree. I have filed admission applications with the following colleges:

Indicate by an \* the school(s) where you have been accepted.

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Signature

Date

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### Instructions:

Complete all information requested in this application. Type or print clearly. Feel free to add additional pages if more space is necessary. Attach a copy of your school records and financial statements to this application. Letters of recommendation will be accepted. Return the completed application to the Guidance Office by April 16.

Name \_\_\_\_\_  
Last First Middle

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

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_



