

Alan R. Ryan Scholarship Application

Scholarship Description

The scholarship was established in 2013 by Alan and Margaret Ryan to provide tuition assistance during 9th through 12th grade to attend a Catholic high school within Kent County, Michigan. The goal of the scholarship program is to encourage academic accomplishment and community leadership. The scholarship is administered by the Grand Rapids Community Foundation.

Scholarship Award

Recipients will receive financial assistance in 9th through 12th grade. Upon acceptance to and entrance into Aquinas College for undergraduate studies, the scholarship will continue for a total of four years of undergraduate studies. Awards will generally be \$2,000.

Application and Selection Process

Applicants must:

- 1) Be completing 8th grade at a school located within Kent County Michigan
- 2) Be entering 9th grade at Catholic Central or West Catholic High Schools
- 3) Be a Kent County resident
- 4) Demonstrate financial need by completing a financial form
- 5) Have an expressed intent to attend Aquinas College for post-secondary education
- 6) Demonstrate a B average or above academic record
- 7) Complete an essay that includes the applicant's definition of leadership as part of the application form
- 8) Submit two recommendation letters (500 words or less), one being from a teacher

Application Instructions

Keep this page for your information and submit the application along with your essay and two recommendation letters by March 1 by email to scholarships@grfoundation.org.

Direct any inquiries to: Ruth Bishop, Education Program Officer 616-284-4903

Email: rbishop@grfoundation.org



Alan R. Ryan Scholarship Application

This form is to be completed <u>by the Student Applicant</u>. ALL ITEMS excluding the Special Circumstances and Financial Questions must be completed by the student or the application will be rejected.

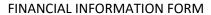
Step #1

Applicant Information	step #1		
Student Name: Ms. Mr			
Address:			
City:	State	Zip:	
Home Phone:	Grade:	Email:	
Student Date of Birth:	Parent/Legal Guardian Na	ame:	
Has either parent completed a 4-year college degree? Yes		No	
School Information Current School:			
Anticipated High School: Catholic Central		West Catholic	
Anticipated year of graduation:		Current Academic Average	
Have you visited Aquinas College?	Yes No		
If no, would you like someone from	Aquinas Admissions to contac	t you? Yes No	
	ool and community activities and symptomic forms and symptomic forms and symptomic forms are symptomic forms and symptomic forms and symptomic forms are symptomic forms are symptomic forms and symptomic forms are symptomic forms.	# of years participated	

	eport any family, personal, financial ci ant consideration.) <i>Parent/guardian m</i>	•		
		_		
Step 2				
Financial Information: This scho	arship is based partially on financial ne	eed. A parent/guardian must complete		
		ation at the time of submission to Grand		
Rapids Community Foundation.				
Chair 2				
Step 3				
	ur application form. Applications missi	ng any of the required items will not be		
considered complete.				
Essay:	Attach a typewritten essay (500 words or less) written by the student.			
	Include your <u>definition of leadership</u> within the essay and include your			
	reasons for your intent to attend Ac			
Report Cards: Letters of Recommendation:	i	Attach copies of your 7 th and 8 th grade report cards Attach two signed letters of recommendation (500 words or less) from a		
Letters of Recommendation.	school administrator, teacher, counselor, coach, minister/priest/rabbi,			
	neighbor, or any other adult not rel	ated to you. One of the letters must be		
	from a teacher.			
Step 4				
School Administration verifies that	at student is in good standing with positive	academic record, behavior and attendance.		
Signature of School Administrato	-	Title		
You may sign electronically by typ				
CERTIFICATION: We certify that all information on this form w	ras completed by the student applicant and is true an	d complete to the best of our knowledge. If asked by any		
authorized official of the Grand Rapids Comn	nunity Foundation, we agree to give documentation for	or information given on this form. We realize that this re to comply with a request for further information may		
prevent the applicant from receiving any aid.		use of our name, likeness and information contained in this		
Applicant's Signature (Required):		Date:		
You may sign electronically by typing	g your name.			
Parent/Guardian Signature (Require	d)	Date:		
You may sign electronically by typing yo				

Submit via email to scholarships@grfoundation.org along with essay, letters of recommendation, report card copies, and financial form by March 1.

ALAN R. RYAN SCHOLARSHIP





STUDENT'S NAME				-		
ADDRESS	HON	HOME PHONE				
phone number, and e-mail address reports for advisory committees a file for auditing purposes and ens	Community Foundation collects and use ss when a grant applicant voluntarily proves part of the selection process. In additional ures that documents are properly dispositional or financial information with any o	vides it to us. on, the Found ed of. The Gr	The information is ation keeps application Rapids Commi	used to generate int information on		
	holarship is based partially on need a ithout financial information will be re	-	-	ection in order to		
	INCOME					
Total adjusted gross income of	of your family (from 2022 IRS Tax For	rm)	\$			
Number of people dependent	on the above income					
Total number of family member 2024	ers who will attend college at least ha	lf-time in				
Other scholarships/financial a	id student has been offered		\$			
CERTIFICATION:						
authorized official of the Grand R this form. I (we) realize that this that failure to comply with a requreceive a scholarship, I (we) agree	ion on this form is true and complete to a apid s Community Foundation, I (we) agr proof may include a copy of a U.S. tax ret lest for further information may prevent to the use of my (our) name, likeness ar for promotional purposes for the Grand F	ee to give doc curn and/or stath the applicant and information	umentation for inf ate income tax retu from receiving any n contained in this	ormation given or urn. I (we) realize aid. If selected to application		
Parent/guardian signature:			Date			
You may sign electronically by tyr	ning your name					

Return this form ALONG WITH YOUR APPLICATION FORM via email to scholarships@grfoundation.org by March 1.