

The Rowland R. Strong and Edith H. Strong Memorial Scholarship Application

The Rowland R. Strong & Edith H. Strong Memorial Scholarship Fund was established at the bequest of Miriam S. Strong in memory of her late parents who were advocates of enabling young people to continue their education by earning a college degree. The intent of the scholarship is to help support student(s) with financial need to earn a bachelor's degree. This 4-year scholarship is renewable for up to 3 more consecutive years pending verification that the recipient continues to meet the eligibility criteria for renewal. Annually, at least one (1) 4-year scholarship will be awarded to an Oxford resident in their senior year of high school who meet the criteria as outlined below.

Class of 2024

Eligibility Criteria:

1. Must be able to demonstrate financial need.
2. Must be a resident of Oxford Connecticut.
3. Must be a high school senior graduating in 2024.
4. Must plan to enroll and attend a 4-year college or university as a full-time student.*
5. *Applicants enrolling in a CT State Community College who have applied to a pathways program for a 4-year bachelor's degree are eligible to apply. Disbursement of scholarship funds will be contingent upon acceptance and continued enrollment in the 4-year degree program.
6. Must have a minimum cumulative GPA of 2.5 on a 4.0 scale or 79.5 or higher on a 100-point scale

Application Requirements (DO NOT STAPLE):

1. Scholarship Application
2. Personal Statement
3. IF Parent(s)/Guardian(s) are self-employed, submit 2 Years of IRS Tax Returns (Pg.1-2 & Schedule C) and please REDACT ALL SOCIAL SECURITY NUMBERS!!
4. Academic Records: Transcript, SAT scores & Midyear Grade Report
5. Letter of Recommendation from a teacher or counselor.
6. COMPLETE FAFSA/Student Aid Report (SAR) provided by completing the Free Application for Federal Student Aid (FAFSA). Please be sure to include the entire report – **not just the EFC/SAI cover page**. Submission of your incomplete FAFSA/SAR Report will result in disqualification of your scholarship application!
7. Financial Aid Award Letter(s) (if available)
8. (If applicable) - Acceptance letter or proof of enrollment in the pathways program.
9. An interview will be required for students who are selected as semifinalists.

Applications must be received by the Strong Foundation c/o Valley Community Foundation, 253-A Elizabeth Street, Derby, CT 06418 with a postmarked date of NO later than Monday, April 12, 2024. Late applications will NOT be accepted.

If you have any questions, please email millerm@oxfordpublicschools.org. NOTE: Inquiries by email ONLY – PLEASE! No in-person requests!!

The Rowland R. Strong and Edith H. Strong Memorial Scholarship Application Class of 2024

For Office Use Only:

- ☐ Application # _____
- ☐ Application is complete and includes all required materials.
- ☐ Application is incomplete.

Please type your answers in the space provided.

Student Information

Name	First name: _____	Last name: _____
High School	_____	
Home Address	_____	
City/State/Zip	City: _____	State: _____ Zip: _____
Phone	_____	
E-mail	_____	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not want to disclose _____	
Year of Graduation	2024	

Parent/Guardian Information **NOTE: If self-employed, please submit 2 years of tax returns (Page 1-2 and Schedule C).**

Parent 1:	Occupation: _____	Employer: _____
Parent 2:	Occupation: _____	Employer: _____
Caregiver/Guardian:	Occupation: _____	Employer: _____
# of Dependent children:	# of siblings in college: _____	Names of colleges: _____

Hardship Statement: (If applicable) Please tell us if there's been any recent change to your family's financial status or if there are any other extenuating circumstances we should know (e.g., parents are now unemployed &/or divorced, or a parent or sibling is recently disabled, etc.) that will further assist the Scholarship Committee to determine your financial need:

Student Compliance & Signature (Please read carefully!)

I understand it is my responsibility to read, understand and complete this scholarship application accurately and fully. It is also my responsibility to comply with the deadline. I understand my application will NOT be reviewed if it is incomplete or late when submitted. If I am a scholarship or award recipient, I authorize the Strong Foundation to use my name and general information from my application for the purposes of community relations and press releases.

Student Signature

Date:

Parent/Guardian Signature

I understand that the misrepresentation of facts on this application is cause for denial of scholarship or award consideration and any scholarship assistance received under such circumstances must be immediately returned by the recipient to the Strong Foundation, c/o Valley Community Foundation, 253-A Elizabeth St., Derby, CT 06418

Parent/Guardian Signature

Date:

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Student's Academic Information

SAT Scores	EBRW	Math	Total
Cumulative GPA			

College Information (List top 3)

Major: _____

Participating in a pathways program ☐ Yes ☐ No (If 'Yes', specify CT community college & CT State university)

Name of college/ university at which you plan to enroll.	Accepted?	Tuition	Room & Board
1.	<input type="checkbox"/> Yes <input type="checkbox"/> Pending		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> Pending		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> Pending		

College Specific Financial Aid (List top 3) NOTE: If enrolled in a pathways program, specify BOTH the name of CT community college and CT university to which you will transfer for the 4-year degree program.

Name of college/ university at which you plan to enroll.	Note financial aid and scholarship granted by each school including merit scholarship, loans, grants and work study.
1.	
2.	
3.	

Other Financial Assistance

Please list ALL scholarships, grants, loans, and other sources of financial assistance for which you have applied for the upcoming academic year, INCLUDING CT Pathways Program (if applicable):

Source	Amount	Status
1.		<input type="checkbox"/> Received <input type="checkbox"/> Pending
2.		<input type="checkbox"/> Received <input type="checkbox"/> Pending
3.		<input type="checkbox"/> Received <input type="checkbox"/> Pending
4.		<input type="checkbox"/> Received <input type="checkbox"/> Pending
Total Funding received to date:		

Income/Contribution

Total parental contribution for your education for 2024-2025 academic year	\$
Your personal contribution from job etc. for 2024-2025 academic year	\$
Other:	\$
TOTAL CONTRIBUTIONS	\$

Personal Statement

☐ Include your personal statement that will help the Scholarship Review Committee learn more about you, your life experience, special interests and your goals for your future. Essays should be no more than 500 words in length.

For all entries below, only include those activities and honors that occurred during 9-12th grades.

Extra-Curricular Activities: Specify the part you have played in extra-curricular activities such as school government, band/orchestra, athletics, drama, debate, publications, etc. Do not abbreviate.

Activity	Position Held/Description	Hrs Per Week	Year of participation

Community and Volunteer Experience: Specify the part you have played in organized out-of-school activities. Do not abbreviate.

Activity	Position Held/Description	Hours Per Wk	Year of Participation

Work Experience: Using only the space below, please list your paid work experience for the past 3 years for family or outside employers.

Employer	Nature of Work	Dates	Hours per Week

Special honors, awards, or accomplishments: Using only the space below, please list significant honors, awards or accomplishments you have achieved.

Honor/Award/Accomplishment	Description	Year

SUBMISSION INFORMATION

All application packets **MUST** be received by the Strong Foundation c/o Valley Community Foundation, 253-A Elizabeth Street, Derby, CT with a postmarked date of no later than April 12, 2024.

Late or incomplete applications will **NOT** be reviewed so please review the checklist below to be sure you have included all the required documents with your completed and signed application!

PLEASE TELL US HOW YOU LEARNED ABOUT THIS SCHOLARSHIP:

My high school's guidance, my teacher, or other principal's office (please specify) _____

Oxford High School's website _____

Town of Oxford website _____

Social media (Facebook or Instagram) &/or online new media (e.g., Oxford Patch, etc.) (please specify) _____

Other (please specify) _____

FINAL CHECKLIST: Before submitting your application, be sure to complete the following steps and include this page with your application:

- | |
|---|
| <input type="checkbox"/> Complete Application including ALL signatures: student, parent/guardian. NOTE: If parent(s)/guardian(s) are self-employed, MUST include 2 years of IRS Tax Returns, Pp. 1-2 & Schedule C. REDACT ALL SOCIAL SECURITY NUMBERS! |
| <input type="checkbox"/> Personal Statement |
| <input type="checkbox"/> Academic Records: Transcript, SAT scores & most recent Grade Report |
| <input type="checkbox"/> Letter of Recommendation from a teacher or counselor (Please do not include more than one). |
| <input type="checkbox"/> COMPLETE FAFSA/Student Aid Report (SAR) <i>provided by completing the Free Application for Federal Student Aid (FAFSA). An incomplete FAFSA/Student Aid Report will result in disqualification of your scholarship application!</i> |
| <input type="checkbox"/> Financial Aid Award Letters of scholarships, grants, loans etc. granted by educational institution(s). |
| <input type="checkbox"/> Proof of Acceptance/Enrollment in a pathways program (if applicable). |

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