

APPLICANT INFORMATION

Number (Committee Use Only) _____

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

RIROA member name & ROA #: _____ Relationship: _____

Phone: _____ Expected Graduation Date: _____

School/Other Activities (Athletics, ROTC, Clubs, Civic Service, etc.):

Awards/Honors/Recognition Received: _____

College/University/School You Plan to Attend: _____

Expected Area of Study: _____ Accepted? _____ Yes _____ No

| Employment Experience (Part-Time/Full-Time) if any: | | | |
|---|-------|----------|--------------|
| From | To | Employer | Type of Work |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Explain why you feel your achievements should qualify you for this award. You may provide any information you believe would assist the Award Committee in its' evaluation process (use additional sheets if necessary). Limit---250 words.

