

# *The Lynne H. Warner Foundation, Inc.*

Manchester, MD. 21102



## **Lynne H. Warner Memorial Scholarship Application Guidelines and Requirements**

*Established 2016*

Application Guidelines - \$1,000.00 Scholarship

Application Due: August 1 of current school year (must be postmarked by this date)

Mail to: The Lynne H. Warner Foundation, Inc.

Attn: Scholarship Committee

2894 Southwestern Ave.

Manchester, MD. 21102

### Eligibility Requirements:

- Be a graduating Senior of a Carroll County Public High School OR an Undergraduate student who graduated from a Carroll County Public High School
- Be an active member (or alumni) of the Carroll County 4-H Program and/or a Carroll County FFA Chapter OR an active member of a Carroll County Volunteer Fire Department
- Must have a GPA of 3.0 or higher
- Be accepted at or already attending a college or post-secondary school.
- Original application must be *fully* completed or it will not be considered.
- Copies of official high school or college transcript(s)
- Copy of college acceptance letter
- Type or print legibly. Additional pages can be added as needed.

### Selection will be based on:

- This scholarship may only be awarded once to each individual.
- Recipient will be notified by the Selection Committee.
- Decision of the Selection Committee will be final.
- The Selection Committee may decide not to award a scholarship if there are no worthy applicants.
- Applications are available from the Carroll County 4-H Office, 700 Agriculture Center, Westminster, MD. 21157; Town of Manchester; and Carroll County High School Guidance Offices.

# Lynne H. Warner Memorial Scholarship Application

*Established 2016*

## Personal Information

Applicants Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

## Family Information

\_\_\_\_\_  
Father/Guardian's Name Occupation  
\_\_\_\_\_  
Mother/Guardian's Name Occupation

## High School and College Information

High School you are currently attending or graduated from \_\_\_\_\_  
College you are currently attending or accepted to \_\_\_\_\_  
Anticipated Graduation Date \_\_\_\_\_  
High School GPA \_\_\_\_\_ College GPA \_\_\_\_\_  
Proposed Major \_\_\_\_\_  
Do you plan to:     Live on Campus \_\_\_\_\_  
                          Commute to College from Home \_\_\_\_\_  
                          Other (specify) \_\_\_\_\_  
I will be a:     Full time undergraduate student (12 semester hours or more) \_\_\_\_\_  
                  Part time undergraduate student (6-11 semester hours) \_\_\_\_\_  
What will be your estimated first year's expenses?     \$ \_\_\_\_\_

## Community Organization Information

I am an active member or alumni of the following organization(s):

\_\_\_\_\_ Carroll County 4-H Program  
\_\_\_\_\_ FFA Chapter  
\_\_\_\_\_ Carroll County Fire Department

Name of Club, Chapter, or Department \_\_\_\_\_  
Length of Membership \_\_\_\_\_

## Written Requirements

1. Introduction Summary: Highlight what you are majoring or planning to major in. How will you use your knowledge in that field to support your community? This information can be submitted as either an essay or short paragraph(s) with a maximum of 1,000 words.
2. Research a little known disease or illness and share your findings. This information can be organized in an essay format, a brochure, or a PowerPoint (submitted via cd or hard copy).

## Certification of Authorization

I certify that all of the information in this application is true and complete to the best of my knowledge. I hereby authorize any information on this application to be verified for accuracy.

Additionally, I give permission to have all information contained in and submitted with this application disclosed to the scholarship committee.

\_\_\_\_\_  
Student Signature (Proper Name) \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_  
Date

Include any additional information and supporting documentation you feel would assist the selection committee in evaluation your application.

### Checklist:

- \_\_\_ Copy of official transcript from high school
- \_\_\_ Copy of official transcript from college (if applicable)
- \_\_\_ Copy of letter of acceptance from college
- \_\_\_ Introduction Essay
- \_\_\_ Medical Research Essay/Brochure/PowerPoint

The Lynne H. Warner Memorial Scholarship is sponsored by the friends and family members of Lynne H. Warner. While in remission from her battle with Breast Cancer, Lynne was taken from us after being diagnosed with severe pulmonary hypertension, a disease that affects the heart and lungs. We wanted to carry on her memory by having a scholarship opportunity for children who are involved in some of the non-profits organizations that she was active in.

