



Friends of
Rough River Lake, Inc.
14597 Falls of Rough Rd., Falls of Rough, KY 40119
friendsofroughriver@yahoo.com

Gillie Hust Memorial Scholarship Application

The Friends of Rough River Lake, Inc., a *Kentucky Non-Profit Organization*, will award a scholarship to a Breckinridge County and Grayson County senior who plans to attend any post-secondary institute.

Award Amount: \$1,000 (One Thousand Dollars) to each awarded senior. Scholarship award to be used toward reasonable & customary education expenses. The check will be written after the completion of volunteer hours.

College/University/Technical Institute Eligibility: College, University, or Technical School must be accredited.

Student Eligibility: Students must meet all of the following criteria:

1. Resident of eligibility county (Breckinridge or Grayson)
2. High School diploma or GED
3. GPA of 2.5 or better
4. Recommendation of a teacher, counselor, or principal
5. Required to volunteer at one of the Friends of Rough River, Inc.'s Events or 8 hours with the Friends of Rough River Lake, Inc., U S Army Corps of Engineers, or Rough River Dam State Resort Park. Service hours are to be completed by August 1.
6. No disciplinary or behavior record at school.

Merits of Student

7. What community activities are you involved in?
8. What school related extracurricular activities are you involved in?
9. Why do you deserve this scholarship award?
10. What does Rough River Lake mean to you?
11. How will you use your education to benefit society?
12. Is there anything else you would like to add?

Completed application must be received by your counselor by March 22 and given to Friends of Rough River Lake, Inc. no later than April 1. A Friends of Rough River Lake advocate will be assigned to present the merits of each applicant. The scholarship award recipient will be determined by Committee vote with award notification on Awards Day.

(ENTER STUDENT INFORMATION on Page 2)



Student Name: _____

GPA: _____

College Choice(s): _____

Parent/Legal Guardian Name(s): _____

Address: _____

Phone: _____

Email: _____

I authorize the verification of my GPA and disciplinary/behavior record via school counselor for the committee's evaluation.

Student Signature

Date

Parent/Legal Guardian Signature

Date