

RUSSELL MEADE MEMORIAL SCHOLARSHIP

Scholarship Application 2020 Page I

Scholarships are available to applicants who are employees or immediate family members of employees working for current members of the Ohio Receivables Management Association (ORMA). Each scholarship may be up to \$1,000, is to be applied towards a college education, and is not renewable. To be eligible for this scholarship, students must have a high school diploma or equivalent, be accepted into an accredited college, and not be a past winner of this scholarship. Students applying for a scholarship must complete this application and return it along with the one-page biographical history and/or résumé, the 300-350-word essay describing educational and career goals, and three letters of recommendation to the ORMA Scholarship Committee Chairperson on or before May 3, 2020.

Please type or print:

Name: _____
(First) (Middle) (Last)

Home Address: _____ Birth Year: _____

City: _____ State: _____ Zip+4: _____

Telephone: _____ E-mail: _____

Are you an employee of an agency that is a current member of ORMA? _____

Are you an immediate family member of an employee of a current member of ORMA? _____

What is the name of the ORMA employer? _____

High School: _____ Date of Graduation: _____

Date of G.E.D.: _____

College you will be attending: _____

Major: _____

When is the next term you will be attending college: _____

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List your high school and community activities (clubs, music, scouts, sports, 4-H, church, etc.)

Name of Activity

Dates of Participation

Offices Held

_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Recognition and Awards:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment

Brief work description

Employment period

Hours per week

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a typewritten one page biographical history and or résumé, along with a 300-350 word essay describing educational and career goals. Please also attach three letters of recommendation. These recommendations should come from teachers, employers, coaches, pastors, or association affiliates with direct personal knowledge of the applicant's overall performance. Please be sure to put your name on all pages.

I, _____, certify that the above is complete and correct to the best of my knowledge.

Signature

Date

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Employment Verification Sheet

This should be completed by a manager or supervisor of the employee whose agency is a current member of the ORMA.

Name of Applicant: _____

Name of Employee: _____

Relationship to Scholarship Applicant: _____

Name of Manager or Supervisor: _____

Manager or Supervisor Position & Department: _____

ORMA Member Name (Employer): _____

Employer Address: _____

Employer Telephone Number: _____

Please sign below:

I hereby certify that the above information is complete and correct and that our agency is a current member of the Ohio Receivables Management Association.

Signature: _____ Date: _____

Printed Name: _____

Return this with your application on or before May 3, 2020 to:
Ohio Receivables Management Association - Scholarship Committee
C/O Leslie Engle, Team Recovery
P.O. Box 1643
Stow, Ohio 44224-0643
Email lgengle@teamrecovery.com