



Brownsville Church of God
6390 Lincoln Way East
Fayetteville, PA 17222

Ruth A. Delauder, President
Rev. Victor T. Johnson, Pastor

Betty Spoonhour Rideout Scholarship Fund Application

Application Deadline April 14, 2025

Name	
Mailing Address	
Email Address	
Cell Number	
Current School	
Current Classification and Major	
Current GPA	
Submit Proof of Fall Enrollment (Attach as separate file)	
Submit Unofficial Transcript (Attach as separate file)	

CRITERIA

To apply for and receive scholarships offered by the Betty Spoonhour Rideout Scholarship Fund, Inc., one must:

- ❖ **Currently be a high school senior and resident of Franklin County.**
- ❖ **Attend a public, private, or parochial high school in Franklin County.**
- ❖ **Submit a completed application electronically or postmarked by April 1, 2025; signed by applicant and parent/guardian.**
- ❖ **Have an overall grade point average of at least 2.75 (based on a 4.0 non-weighted scale). Submit an official signed transcript in a separate sealed envelope if mailed.**
- ❖ **Two (2) letters of recommendation. One letter must be from a staff member from your high school that can speak to your character. One letter must be from someone who has supervised your involvement in a community service project referenced on your application and is not an immediate relative.**
- ❖ **Submit a one full-page essay to address the prompt selected.**
- ❖ **Submit a personal statement highlighting your community service, leadership activities, college and career goals.**
- ❖ **Submit supplemental materials (photo) and artifacts (certificates) from your service and leadership.**
- ❖ **Submit a recent color photograph (wallet size senior picture). Print Name on the back of the photo.**
- ❖ **Enroll in a full-time program at an accredited college, university, or institution of equivalent accreditation during the 2025-2026 academic year. (If awarded a scholarship and the student takes a Gap year for 2025-26, the scholarship is forfeited).**
- ❖ **Participate in an interview as part of the selection process.**
- ❖ **Provide verification of college enrollment before receiving scholarship as a condition of award.**
- ❖ **Children of a member of the Betty Spoonhour Rideout Scholarship Fund, Inc. are ineligible to apply.**

Betty Spoonhour Rideout Scholarship Fund, Inc.
Scholarship of Excellence
Scholarship Opens November 1, 2024
6390 Lincoln Way East
Fayetteville, Pennsylvania 17222
Contact: Ruth Delauder, President (717) 263-4449
Or rdelauder@aol.com

Personal Information (please type or print)

SECTION A-BIOGRAPHICAL INFORMATION

Last Name	First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Number	Cell Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

High School	Address
<input type="text"/>	<input type="text"/>

GPA	Anticipated Date of Graduation	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Intended College	Potential Major (if known)	Have you been accepted?
<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENTS'/GUARDIANS NAME(S)

Name:	Name:
Address:	Address:
City/State:	City/State:
Phone:	Phone:

Honors and Awards

Please provide information on any special honors or awards and year received each honor and award.

Honors and awards (academic, athletic, community, and/or school awards)		
Award	Source of Award	Reason(s) for Award
1.		
2.		
3.		
4.		
5.		

Leadership

Please provide information on extracurricular or outside activities (i.e., clubs, sports, church, etc.) in which you have participated. Identify positions of leadership in all activities and the number of years in each activity and if applicable, the number of years in leadership with that activity.

Leadership Positions

Name of Group/Activity	Grade (Check boxes that apply)				Leadership Position(s) Held
	9	10	11	12	

1.					
2.					
3.					
4.					
5.					
6.					

Community Service

Please provide information on extracurricular or outside activities (i.e., clubs, sports, church, etc.) in which you have participated. Identify positions of leadership in all activities and the number of years in each activity and if applicable, the number of years in leadership with that activity.

Community Service

Name of Community Service Activity	Grade (Check boxes that apply)				Contact Person
	9	10	11	12	

1.					
2.					

3.					
4.					
5.					
6.					

Type your personal statement as a separate document to upload with your application. Handwritten responses will not be accepted.

PERSONAL STATEMENT

Briefly tell us about yourself including your aspirations and how receiving this scholarship will help you achieve your goals. Limit your statement to one double-spaced, type-written page.

ESSAY

Select one of the essay prompts below and develop an essay to fully explain the prompt as it relates to your life. Type your essay as a separate document to upload with your application. Handwritten responses will not be accepted.

Please submit a typed essay between 500-750 words in response to the following prompt:

Prompt 1: Reflect on a time when you questioned or challenged a belief or idea. What prompted your thinking? What was the outcome? Would you do it again?

Prompt 2: The lessons we've learned from challenges we encounter can be instrumental to our later success. Recount a time when you faced a challenge, obstacle, setback, or failure. How did it affect you, and what did you learn from the experience?

Letters of Reference

References

Two letters of reference from individuals who have knowledge of your academic, extracurricular activities, character and community service must accompany this application. References must be submitted on school or business letterhead. Instruct your references to complete the reference letter on its organization's letterhead and to sign their name across the seal of the envelope. Applications without the required references will not be considered.

Relatives and friends are not acceptable.

List names of references below.

Name:
Telephone Number:
Address:
Email:

Name:
Telephone Number:
Address:
Email:

Academic Transcript

Please submit an **official** transcript. Transcript should be submitted in a sealed envelope and marked issued to student.

Applicant Certification

I/We the undersigned, certify that the information supplied by me in this application is complete and accurate. We hereby certify that the information provided in this application is current and that the Applicant is not the child of a member of the Betty Spoonhour Rideout Scholarship Fund, Inc. We understand this application packet will be kept confidential. All materials submitted become the final property of the Betty Spoonhour Rideout Scholarship Fund, Inc. I agree I must participate in a personal interview with the Scholarship Committee. I also understand that if I am selected to receive a scholarship award, the monetary award will be disbursed upon official certification of my enrollment.

_____ (Initials.)

I certify that I will be enrolled and matriculating in an institution of higher learning in the fall of 2025. I will provide the documentation to support my acceptance at the institution of higher learning by June 15, 2025. If I am not enrolled by July 15, 2025, I may forfeit the scholarship award. I must initiate contact with the BSRS Scholarship Chair to discuss the relevant circumstances. There is no appeal process.

Signature of Applicant

Date

Signature of Applicant's Parent or Guardian

Date

Media Release and Photography Form

I understand that my child may be photographed in connection with his/her application for the scholarship awards offered by the Betty Spoonhour Rideout Scholarship Fund, Inc. I agree that if selected my name and/or photograph may be used for publicity purposed by the Betty Spoonhour Rideout Scholarship Fund, Inc. All information included in this application packet will be retained by the Betty Spoonhour Rideout Scholarship Fund. I certify that I have read and understand the information above. _____(Initials)

I give permission for the Fund to publish on the internet or medial still photographs (“Images”) that may be taken of my child without payment or any consideration and without notifying me. I understand and agree that these Images will become the property of the Fund, which shall have complete ownership of the Images. I hereby irrevocably authorize the Fund to publish or distribute these Images for the purpose of publicizing the BSR’s scholarship program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of, or related to the use of the Images. _____(Initials)

I/We hereby certify that I/We are the parents/guardians of _____,

Authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child. _____(Initials).

Signature of Applicant’s Parent or Guardian

Date

If you have any questions please contact:

Ruth Delauder, Scholarship President

rdelauder@aol.com

717 263-4449