



Ryanda's Legacy Foundation Application  
2024

<b>Date of Application</b>	
<b>First and Last Name</b>	
<b>Mailing Address</b>	
<b>Telephone Number</b>	
<b>Date of Birth</b>	
<b>I will be attending the following school in the Fall of 2024</b>	
<b>Grade Point Average (GPA)</b> Attach proof of GPA. Your most recent official school transcript required	
<b>What specialty/major do you plan to major in?</b>	



The following items must be attached to this application to qualify to be reviewed by the scholarship committee

Your application will not be considered if these items are not attached to this application.

Circle "YES" or "NO" to be sure you have attached each item as requested.

<b>Completed Application.</b> All questions are answered completely.	<b>YES</b>	<b>NO</b>
<b>Letter to Scholarship Committee.</b> Not exceeding 1-2 pages. Must be typed.	<b>YES</b>	<b>NO</b>
<b>Two (2) Letters of Recommendation</b>	<b>YES</b>	<b>NO</b>
<b>Most recent official high school transcripts.</b> Photocopies of your transcripts are acceptable, if transcript is signed by a guidance counselor or principal	<b>YES</b>	<b>NO</b>
<b>Proof of college acceptance or current student enrollment.</b>	<b>YES</b>	<b>NO</b>

### Statement of Accuracy

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote Ryanda's Legacy Foundation scholarship program.

\_\_\_\_\_  
Signature of Applicant & Date

\_\_\_\_\_  
Signature of Applicant's Guardian/Parent