

Quota Club of Lake County

369 Chesapeake Cove
Painesville Township, OH 44077

January 16, 2025

Attn: Guidance Counselor/Financial Aid Director
Re: Janice Southworth Scholarship Application

Quota Club of Lake County has \$1,000 available each year to award to a student for his/her college education. This \$1,000 is offered through the Janice Southworth Memorial Scholarship Fund. It is available to any high school student of Lake County who plans to pursue a study in the fields of speech, hearing, visual impairment, physical therapy, social services, elementary or secondary education, or education in an ancillary field with children.

The Scholarship is awarded in the memory of Janice Southworth who was a member of Quota Club of Lake County. She was an officer of the Southworth Insurance Agency, Inc. as well as a teacher of cosmetology for eighteen years at Bedford High School. She obtained her college degree in education posthumously in August 1989, as she was tragically killed in an auto accident on the way to her last class needed for graduation from Kent State University. In 1969, she became a member of the club then known as Quota International of Lake County Inc. It was a service organization for professional executive business women dedicated to aiding individuals with impaired speech and hearing handicaps and assisting disadvantaged women and children. It was from this association that she gained much personal satisfaction.

The student selected for the scholarship must use the money for their course of study expenses only (tuition, room, board, or books). Interested students should type an essay about his/her plans for higher education, future career goals, work experience, extracurricular activities, community involvement and volunteer service hours completed.

Students who want to be considered for this award may pick up an application from the School Counselor's office or may call or email Mrs. Kathleen Thompson, (440) 725-2943 sk_thompson@att.net. The Janice Southworth Memorial Scholarship Committee of the Quota Club of Lake County will make the selection for the scholarship. This selection is based on the information given in the student's application, essay and letters of recommendations.

The completed **2025 application, the student's personal essay, two letters of recommendation, along with a copy of his/her academic record** and a copy of college/university acceptance letter (if you have received one) should be *mailed* to the attention of *Mrs. Kathleen Thompson, 7390 Mountain Quail Place, Concord, OH 44077. All application packets must be received by Monday, April 1, 2025.* Please mail everything in the same envelope. Incomplete or late application packets will not be considered.

This scholarship is funded through memorial contributions and various fundraisers. Quota Club of Lake County Charitable Foundation aids with the fund raising of this program in Mrs. Southworth's memory. The scholarship is awarded every year at the beginning of May. Those students chosen receive a letter of congratulations from the Scholarship Committee. The scholarship is presented to the qualified student at a Quota's Scholarship picnic in June.

Sincerely,

Kathleen Thompson
Scholarship Committee Chair
Quota Club of Lake County

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Enclosure
Revised 01/06/25

Quota Club of Lake County Charitable Foundation

2025 Janice Southworth Memorial Scholarship Fund Application

Applicant	
Last Name _____ First Name _____ MI _____	
Date of Birth _____ Date Application Received _____	
Applicant's Mailing Address: Street _____ P.O.Box _____ City _____ State _____ Zip _____ Phone _____ Home E-mail: _____	College Address: Street _____ P.O. Box _____ City _____ State _____ Zip _____ Phone _____ College E-mail: _____
While in college, applicant intends to live: ___with parents ___on campus ___off campus	Total Amount of Applicant's Income: _____ Current Financial Aid received to date _____ Source _____
Major _____ Degree of Pursuit _____ College Tuition Cost _____	College/University _____ Expected Date of Graduation: _____
College/University Acceptance Letter Received (Attach a copy if yes) Yes _____ No _____	
Parent/Guardian: Last Name _____ First Name _____ MI _____ Street Address _____ City _____ State _____ Zip _____ Phone _____ Parent's E-mail Address _____	
Personal Reference:(Permanently Located) Name _____ Address _____ Phone _____	Personal Reference:(Permanently Located) Name _____ Address _____ Phone _____

NOTE: Scholarships are for a one year period only. **Requests for financial assistance cannot be processed until the application, grade transcripts, 2 letters of recommendation, and typed essay are received. Due April 1, 2025.**

Please mail packet to: Kathleen Thompson, 7390 Mountain Quail Place, Concord, OH 44077

Applicant's Responsibility

I, the applicant, certify that the information contained in this application is true, complete and correct to the best of my knowledge and belief and is made in good faith.

Signed _____ Date _____