

NEWBURY CARES, INC.

(A Domestic Nonprofit Corp)  
P.O. Box 112  
NEWBURY, OH 44065

The corporation was established by some Newbury School Alumni for the initial purpose of providing scholarships for Newbury Township Residents currently graduating from accredited Geauga County "brick and mortar" high schools in the Spring of 2024.

One \$1,000.00 (one thousand) scholarship is being awarded this year. The applications will be available at Geauga County Public High Schools, Notre Dame-Cathedral Latin High School, Newbury Township Hall, or by contacting Newbury Cares, Inc. at P.O. Box # 112, Newbury, Ohio 44065.

The completed application for this scholarship must be mailed to Newbury Cares, Inc., P.O. Box #112, Newbury, Ohio 44065. THE ENVELOPE MUST BE POSTMARKED NO LATER THAN May 8.2026, AND RECEIVED BY NEWBURY CARES, INC. BY May 16.2026. (Time is of the essence).

The Scholarship winner will be chosen in the summer of 2026. Payment of the \$1,000.00 (one thousand dollar) scholarship will be made after all eligibility requirements are verified and the scholarship award winner provides proof of having attended and completed his/her first term at their chosen, post high school, recognized and accredited college, university, or vocational school. Enrolling and attending a formal apprenticeship program in the trades will also be included.

The Spring 2026 NEWBURY CARES, INC scholarship eligibility requirements are as follows:

- The Family and the Applicant must have continuously lived in Newbury Township since at least January 2, 2024.
- The Applicant as of May 1, 2026 must have a Grade Point Average of at least 2.5 on a 4 point system.  
(At least 75% of the high school coursework had to be completed in the actual physical school building. No more than 25% could be on-line instruction).
- As of June 15, 2026, the Applicant will have GRADUATED from his/her high school.

NEWBURY CARES, INC.  
2026 SCHOLARSHIP APPLICATION

To provide financial assistance for 2026 High School Graduates who are Newbury Township Residents in furthering their formal educational efforts.

**\*\*THE CORPORATION WILL NOT PRACTICE OR PERMIT ANY UNLAWFUL DISCRIMINATION ON THE BASIS OF SEX, AGE, RACE, COLOR, NATIONAL ORIGIN, RELIGION, PHYSICAL HANDICAP OR DISABILITY, OR ANY OTHER BASIS PROHIBITED BY LAW.\*\***

I understand the information on this form and related documents will be verified and shared with others, including, but not limited to the Officers and Members of the Board of Directors of Newbury Cares, Inc. and their Scholarship Committee Members. (Initial) \_\_\_\_\_ (Date): \_\_\_\_\_

**PLEASE PRINT or if typing USE at least a 12 FONT**

Name \_\_\_\_\_ High School Graduated from \_\_\_\_\_

My Cell Phone Number \_\_\_\_\_

Parent/Guardian Cell Phone Number \_\_\_\_\_

Physical Street Address (where you actually live) \_\_\_\_\_  
\_\_\_\_\_

(NO POST OFFICE BOXES)

How long have you continuously lived in Newbury? \_\_\_\_\_

Do you get your mail at a post office box? \_\_\_\_\_  
If yes, what number and where is the post office box? \_\_\_\_\_

Please answer the following questions:

I hope to continue my future education at (be specific) \_\_\_\_\_

When I finish my next level of education I hope to be a \_\_\_\_\_

In 50 words or less please describe or list community service that you performed and the locations of your volunteering. PLEASE PRINT OR TYPE YOUR ANSWER ON ANOTHER SHEET OF PAPER ATTACHED TO THIS APPLICATION PAGE.

I have read, initialed and understand this application form and all of my information is complete and correct.

I HEREBY SUBMIT THIS SCHOLARSHIP APPLICATION FOR CONSIDERATION IN BEING AWARDED THE NEWBURY CARES, INC. 2026, ONE THOUSAND DOLLAR SCHOLARSHIP.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_