

**TOLEDO COMMUNITY FOUNDATION, INC.
BUCKEYE CABLESYSTEM BCSN SCHOLARSHIP
PROJECT FUND
STUDENT OF THE MONTH
2010 INFORMATION SHEET**



***PLEASE READ COMPLETELY BEFORE
FILLING OUT THE APPLICATION***

PURPOSE

To provide annual scholarships to graduating high school seniors currently attending a school in Buckeye CableSystem's Toledo service area (eligible schools listed on p. 4 of the Application). Applicants should be entering an accredited school of higher education in the United States in the fall of 2010. The Student of the Year scholarship recipient may re-apply for three additional years of undergraduate study and will be considered for possible renewal if he/she maintains a 3.0 cumulative GPA and full-time status. Scholarships can be used toward tuition, room and board (on campus), books and fees. Applicants must be U.S. citizens.

Eight Students of the Month will be chosen throughout the academic year, October 2009 through May 2010. Students will be recommended by Guidance Counselors from high schools located in the Buckeye CableSystem Toledo service area. From those recommendations, one student will be chosen by the 22nd of each month by a committee comprised of Toledo Community Foundation representatives. If an applicant does not receive notification that they were chosen Student of the Month, he/she may re-apply in subsequent months for consideration. Applications can only be submitted by the Guidance Counselors. Each eligible high school in the Buckeye CableSystem Toledo service area may submit one Student of the Month application per month for consideration.

Each Student of the Month will receive recognition on Buckeye Cable Channels for the month he/she is chosen the Student of the Month. Each Student of the Month will also qualify for a minimum of a \$1,500, one-time scholarship (not applicable for the Student of the Year).

One finalist, Student of the Year, will be chosen from among the Student of the Month group in May 2010 by the Toledo Community Foundation Scholarship Advisory Committee. This student will be awarded a \$4,000 per year scholarship, renewable for up to three additional years.

All Students of the Month and the Student of the Year will be recognized at the BCSN Scholarship Awards banquet on Monday, May 17, 2010.

HOW TO APPLY

1. Pick up an Information Sheet and Application Form from your High School Guidance Counselor, online at www.toledocf.org, or at one of the following sponsoring companies' locations: The Andersons, Banner Mattress & Furniture, Corner Dental, Regency Hospital of Toledo, Stautzenberger College, or Buckeye CableSystem.
2. Complete a scholarship application form. This includes an extra curricular activities sheet and a one-page essay about your career goals (as noted on Page 2 of the application). The application form **must be signed, dated and submitted by your High School Guidance Counselor** (Page 3 of the application).
3. Obtain:
 - a. Two signed letters of reference from high school teachers, guidance counselors, principal and/or employer; and
 - b. An official copy of your most recent transcript.

4. Only High School Guidance Counselors can submit these materials to: Toledo Community Foundation; Attn.: Joanne Olhausen; 300 Madison Avenue, Suite 1300; Toledo, OH 43604 by **the 15th of the month, September 2009 through April 2010 (or the Friday prior to the 15th if the 15th falls on a weekend or holiday, with the exception of the December deadline which is Dec. 4th). Please be sure sufficient postage is on the envelope.**

BASIS FOR SELECTION

1. The criteria used for selection of Student of the Month and Student of the Year includes consideration of the following:
 - Scholastic aptitude and prior academic achievement (GPA of 3.0 or above), as demonstrated by your transcript;
 - Individual motivation, ability and potential, as demonstrated by your essay (as noted on Page 2 of the application) and, if selected as a Student of the Year finalist, an interview with Toledo Community Foundation's Scholarship Advisory Committee is also required*;
 - Recommendations from those individuals in 3a. above;
 - Financial need;
 - Extra curricular activities such as athletics, clubs, internships, work/study programs, as demonstrated by the attachment noted on Page 2 of the application form.
2. Based upon recommendations from the Toledo Community Foundation Scholarship Advisory Committee, Buckeye CableSystem and others, the above-stated criteria may be revised from time to time as deemed appropriate by the Foundation.
3. Employees and dependents of employees of Buckeye Companies are ineligible to apply.

*Interviews will be scheduled for early-mid May 2010. You will be contacted in April 2010 by the Toledo Community Foundation if you are selected as a finalist.

TOLEDO COMMUNITY FOUNDATION, INC.
BUCKEYE CABLESYSTEM BCSN SCHOLARSHIP
PROJECT FUND
STUDENT OF THE MONTH
2010 APPLICATION



*(Note: Applications can only be submitted by the High School Guidance Counselors.
Each eligible high school in the Buckeye CableSystem Toledo service area may submit one
Student of the Month application per month, September through April, for consideration.)*

INSTRUCTIONS

1. Please print (in black ink) or type all information; if an item does not apply to you, indicate N/A.
2. Mail completed application with attachments as outlined in the accompanying Information Sheet, two letters of recommendation, and an official transcript to: Toledo Community Foundation; Attn: Joanne Olnhausen; 300 Madison Avenue, Suite 1300; Toledo, OH 43604. Questions can be directed to Ms. Olnhausen at 419-241-5049 or email Joanne@toledocf.org.

APPLICANT INFORMATION

1. Name of Applicant _____
(Last) (First) (MI)

2. Social Security Number _____ Phone Number () _____

3. Home Address _____
(Street)

(City) (State) (Zip) (County)

4. Father's Name/Guardian's Name _____
Occupation _____
(Position) (Company)

Mother's Name/Guardian's Name _____
Occupation _____
(Position) (Company)

5. Please list persons living in your home (**excluding those above**):

(Name) (Age) (Name) (Age)

(Name) (Age) (Name) (Age)

6. High School Information:

(Name of School) (Address) (City/State) (Phone)

Scheduled Graduation Date _____

Cumulative Grade Point Average _____ Last Semester Grade Point Average _____

Composite Scores: ACT _____ or SAT (exclude writing section) _____

7. **Extra curricular activities:** Attach an additional sheet describing your involvement in civic, professional, social or other organizations during high school. Include any athletic programs, clubs, internships, work/study programs or activities in which you have been involved. Include dates when possible. Attach sheet to this application form.
8. **Essay on your Career Goals:** On a separate sheet, please write an essay, no more than one typed page in length, about your career goals. Explain how your education will help you achieve these goals. In addition, indicate whether you plan to pursue a professional career in the greater Toledo area or another geographic location. Attach sheet to this application form.
9. Please list the colleges, universities or other schools to which you have applied or are planning to apply:

10. Please list the colleges, universities or other schools to which you have been accepted:

Do you plan to reside on campus? YES _____ NO _____

At this time, have you received any other scholarships, loans or awards? YES _____ NO _____

IF YES, PLEASE LIST (Attach an additional sheet if necessary)

(Source) _____ (Annual Amount)

(Source) _____ (Annual Amount)

Have you applied for any other scholarships, loans or awards? YES _____ NO _____

IF YES, PLEASE LIST (Attach an additional sheet if necessary)

(Source) _____ (Annual Amount)

(Source) _____ (Annual Amount)

Do you have any other source of funds available to you (i.e., savings account, insurance policies)?

YES _____ NO _____ IF YES, what amount is available? _____

11. **HOUSEHOLD FINANCIAL INFORMATION:** One criteria for selection for this scholarship is financial need. To determine financial need, please list your family/household gross income (that is, income before taxes and other deductions) and other sources of support including (if applicable): parent/step-parent/guardian income, child support, alimony, etc.

NOTE: IF YOU REACH THE INTERVIEW STAGE FOR THIS SCHOLARSHIP, YOU WILL BE REQUIRED TO BRING A COPY OF YOUR PARENTS' OR GUARDIANS' LAST INCOME TAX RETURN TO THE INTERVIEW.

(Father/step-father/guardian annual gross wages)

(Mother/step-mother/guardian annual gross wages)

(Annual child support)

(Other income, alimony, etc.)

I hereby certify that the information provided on this application is, to the best of my knowledge, true and correct. I agree, if requested, to provide the Foundation with additional information needed to determine my qualification for this scholarship. If I become a scholarship recipient, and if requested by the Foundation, I agree to furnish reports that can be used to determine my academic progress and use of scholarship funds. Further, I give permission to the Toledo Community Foundation, Inc., to release any pertinent information for publicity purposes.

By making application, students, parents or guardians of the Students of the Month grant the Sponsors the right, unless prohibited by law, to use their names, voices, pictures and likenesses, without compensation, for the purpose of advertising and publicizing the scholarship program and all matters related to the scholarship in any medium.

Applicant's Signature _____ Date _____

Applicant's Email _____ Applicant's Phone (Alternate) _____

If applicant is under age 18
Parent's/Guardian's Signature _____ Date _____

GUIDANCE COUNSELOR ACKNOWLEDGEMENT

Please Note: All applications must be signed and submitted by the Guidance Counselor. No applications will be accepted that are mailed directly by the student.

As a high school guidance counselor, I have read these application materials (including the application form, letters of recommendation, extra curricular activities sheet and career goals essay) and believe, to the best of my knowledge, they represent the student making application for this scholarship.

Name (*please print*) _____

Title _____

School _____

Phone _____

Email Address _____

Guidance Counselor Signature _____ Date _____

PLEASE NOTE: Employees and dependents of employees of Buckeye Companies are ineligible to apply.

Please attach two letters of reference (as indicated on the scholarship information sheet), an official copy of your high school transcript, an activities sheet (#7 on this application) and essay on your career goals (#8 on this application). Information should be mailed to:

**TOLEDO COMMUNITY FOUNDATION, INC.
Attention: Joanne Olnhausen
300 Madison Avenue, Suite 1300
Toledo, OH 43604**

MATERIALS MUST BE IN THE FOUNDATION OFFICE BY THE 15TH OF THE MONTH (or the Friday prior to the 15th if the 15th falls on a weekend or holiday, with the exception of the December deadline which is Dec. 4th). BE SURE SUFFICIENT POSTAGE IS ON THE ENVELOPE.

NO FAXES ACCEPTED!

Questions may be directed to Ms. Joanne Olnhausen at 419-241-5049 or email Joanne@toledocf.org.

List of eligible High Schools in the Buckeye CableSystem Toledo service area:

| | |
|----------------------------------|--------------------------------------|
| Anthony Wayne High School | Scott High School |
| Bedford Senior High School | Springfield High School |
| Bowsher High School | St. Francis de Sales High School |
| Cardinal Stritch High School | St. John's Jesuit High School |
| Central Catholic High School | St. Ursula Academy |
| Clay High School | Start High School |
| Emmanuel Christian High School | Sylvania Northview High School |
| Libbey High School | Sylvania Southview High School |
| Maumee High School | Toledo Christian Schools High School |
| Maumee Valley Country Day School | Toledo Early College High School |
| Northwood High School | Toledo School for the Arts |
| Notre Dame Academy | Toledo Technology Academy |
| Ottawa Hills High School | Waite High School |
| Perrysburg High School | Whiteford High School |
| Rogers High School | Whitmer High School |
| Rossford High School | Woodward High School |