

**TOLEDO COMMUNITY FOUNDATION, INC.**  
**Buckeye CableSystem/Telemundo Scholarship**  
**2010-2011 Information Sheet**

**PURPOSE:**

To provide annual, one-time scholarship awards for graduating high school students of Hispanic heritage (who are permanent residents of Buckeye CableSystem's Toledo service area) to attend a post-secondary institution of their choice. Applicants must be U.S. citizens.

**QUALIFICATIONS FOR ELIGIBILITY:**

1. The applicant must be of Hispanic heritage and living in the Buckeye CableSystem Toledo service area.
2. The applicant must be eligible for graduation from high school in the year in which the scholarship is awarded and have achieved a minimum 2.5 cumulative GPA on a 4.0 scale (or its equivalent) by the end of his/her last semester of instruction.
3. The applicant must be planning to enroll (full or part-time) at an accredited two or four year post-secondary institution (including colleges or universities, technical colleges or trade schools).
4. Employees and dependents of employees of Buckeye Companies are ineligible to apply.

**BASIS FOR SELECTION:**

Scholarship recipient(s) will be chosen by the Toledo Community Foundation's Scholarship Advisory Committee, which will consider (among other qualifications) the applicant's scholastic aptitude, academic achievement, individual motivation and character, and financial need, based on information submitted on the scholarship application form and all attachments (as noted below). Personal interviews may be required at the discretion of the Scholarship Advisory Committee.

**INSTRUCTIONS:**

1. Complete application form – **please type or print in black ink.**
2. Attach:
  - an official copy of your most recent academic transcript;
  - two letters of recommendation from individuals of your choice;
  - a sheet listing school, community and athletic activities in which you have been involved, honors you have received, offices which you have held, employment, etc. during high school; and
  - an essay addressing the theme **“I'm Proud to be a Hispanic-American in Ohio/Michigan.”** This must be printed or typed in black ink on white paper and should be no longer than 1500 words.
3. Mail application materials **postmarked no later than Monday, March 1, 2010** to: Joanne Olnhausen; Toledo Community Foundation, Inc.; 300 Madison Avenue, Suite 1300; Toledo, OH 43604. Questions should be addressed to Ms. Olnhausen at 419-241-5049 during business hours.

*No faxes accepted.*  
*Please do not return this sheet with your application.*



13. What amount (annually) will your parents/guardians be able to contribute toward your education?

\$\_\_\_\_\_ What percentage does this represent of the total cost? \_\_\_\_\_%

14. How do you plan to finance the portion of your education that your parents/guardians cannot support?

\_\_\_\_\_

15. Do you have other family members for whom college tuition is being paid? If so, please list tuition costs only (do not include room, board, books, etc.):

\_\_\_\_\_  
(Name of Student) (College/University) (Tuition Amount)

\_\_\_\_\_  
(Name of Student) (College/University) (Tuition Amount)

16. List scholarships, loans or awards you have received to date:

\_\_\_\_\_  
(Source) (Amount) (Renewable?)

\_\_\_\_\_  
(Source) (Amount) (Renewable?)

\_\_\_\_\_  
(Source) (Amount) (Renewable?)

17. List other scholarships or awards for which you have applied:

\_\_\_\_\_  
(Source) (Amount) (Decision Date)

\_\_\_\_\_  
(Source) (Amount) (Decision Date)

\_\_\_\_\_  
(Source) (Amount) (Decision Date)

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 any additional information needed to determine my qualifications for this scholarship. If I become a scholarship recipient, and if requested by the Foundation, I agree to furnish reports which can be used to determine my academic progress and use of scholarship funds. Also, I give my permission to the Toledo Community Foundation, Inc. to release any pertinent information for publicity purposes.

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

If Applicant is Under Age 18

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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