

**TOLEDO COMMUNITY FOUNDATION, INC.**

**Buckeye CableSystem/TV One Scholarship**

**2012-2013 Information Sheet**

**PURPOSE:**

To provide annual, one-time scholarship awards for graduating high school students of African American 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 African American 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 these thoughts: Describe your career goals and how your education/studies will contribute to those goals, and what it would mean to you to receive a Buckeye CableSystem/TV One Scholarship.
3. Mail application materials **postmarked no later than Thursday, March 1, 2012** 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.*

*Please do not bind the application (other than paper clipping pieces together).*

**TOLEDO COMMUNITY FOUNDATION, INC.**

**Buckeye CableSystem/TV One Scholarship**

**2012-2013 Application Form**

1. Name of Applicant \_\_\_\_\_  
(Last) (First) (MI)

2. Social Security Number \_\_\_\_\_

3. Applicant's Home Address (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

4. Applicant's Home Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_  
Mother/Guardian's Work Phone \_\_\_\_\_  
Father/Guardian's Work Phone \_\_\_\_\_

5. Name of High School: \_\_\_\_\_  
Graduation Date \_\_\_\_\_ Cumulative G.P.A. \_\_\_\_\_

6. Names of colleges/universities to which you have been accepted to date:  
\_\_\_\_\_

7. What is your intended major? \_\_\_\_\_

8. How many years will your academic program take to complete? \_\_\_\_\_

9. Will you be \_\_\_\_\_ living on campus or \_\_\_\_\_ commuting?

10. Please list the names and ages of all persons who reside in your family household:  
\_\_\_\_\_  
\_\_\_\_\_

11. Please list all sources of household income (including wages, alimony, child support, etc.):

Source of income	Amount
Source of income	Amount

12. What are your estimated education costs (tuition, room, board, fees and books) for the upcoming academic year? \$ \_\_\_\_\_

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 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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