

TOLEDO COMMUNITY FOUNDATION, INC.

**GEAR UP Scholarship
2012-2013 Renewal Application**



INSTRUCTIONS

1. Please print (in black ink) or type all information.
2. Obtain an official copy of your most recent transcript.
3. Mail completed application with attachments and transcript to: Toledo Community Foundation; Joanne Olnhausen; 300 Madison Avenue, Suite 1300; Toledo, OH 43604 by (postmarked) **Friday, June 1, 2012**. Questions can be directed to Ms. Olnhausen at 419-241-5049 or Joanne@toledocf.org.

Last Name _____ First Name _____ MI _____

Permanent Address: Street _____

City _____ State _____ Zip _____ County _____

Phone () _____ E-mail address _____

School Address (if applicable): Street _____

City _____ State _____ Zip _____ Phone () _____

College/university currently attending _____

Scheduled graduation date _____ Major _____

Cumulative GPA _____ Last semester/quarter GPA _____

Please list all current sources of annual household income, including (if applicable): parent/step-parent income, child support, alimony, Social Security, etc. Include income that you earn, even if you only work in the summer.

Source _____ Annual Amount _____

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Source _____ Annual Amount _____

Please attach the following documents to complete your renewal application:

- FAFSA/Student Aid Report (including expected family contribution – EFC)
- Financial Aid letter from the college or university you are attending, indicating what financial aid and scholarship assistance you will be receiving for the 2012-2013 academic year
- An official copy of your most recent transcript.

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

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. I authorize the Foundation to disclose information concerning my scholarship eligibility to the educational institution I will be attending. Further, I give my permission to Toledo Community Foundation, Inc., to release any pertinent information for publicity purposes.

Signature _____ Date _____

If Applicant is under age 18
Parent/Guardian Signature _____ Date _____