

**TOLEDO COMMUNITY FOUNDATION, INC.**

**Pat Hogan 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 and transcript to: Toledo Community Foundation; Joanne Olnhausen; 300 Madison Avenue, Suite 1300; Toledo, OH 43604 by (postmarked), **Thursday, March 1, 2012**. Please do not bind the application (other than paper clipping pieces together). Questions to Ms. Joanne Olnhausen at 419-241-5049 or [Joanne@toledocf.org](mailto:Joanne@toledocf.org).

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Permanent Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

School Address (if applicable): Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

College/university currently attending \_\_\_\_\_

Will you be enrolled as a full-time student for the 2012-2013 academic year? \_\_\_\_\_ Major \_\_\_\_\_

Scheduled graduation date \_\_\_\_\_ 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 \_\_\_\_\_

Source \_\_\_\_\_ Annual Amount \_\_\_\_\_

Source \_\_\_\_\_ Annual Amount \_\_\_\_\_

**Please attach your school schedule for the 2012-2013 academic year, outlining your plans for classes, co-ops and internships (i.e., what quarters/semesters you will be in class and which you plan to co-op/intern.)**

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 my permission to Toledo Community Foundation, Inc. to release any pertinent information for publicity purposes.

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

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