

TOLEDO COMMUNITY FOUNDATION, INC.

**Huntington Scholarship
2010–2011 Information Sheet**

Purpose:

To provide encouragement and support for graduating high school seniors from the Northwest Ohio area who will be entering an accredited school of higher education in the fall of 2010. Applicants must be U.S. citizens.

A one-time scholarship of approximately \$500 will be awarded to one graduate from each of the following Wood County, Ohio high schools: Bowling Green; Elmwood; North Baltimore; Otsego; and Rossford.

How to apply:

1. Complete a scholarship application form (4 pages) and required attachment (P. 2 of the application, #7).
2. Obtain
 - a. A completed Report of High School Guidance Counselor for the Huntington Scholarship (provided here) from your guidance counselor; and
 - b. An official copy of your most recent high school transcript.
3. Submit application materials to: Toledo Community Foundation; Attn.: Joanne Olnhausen; 300 Madison Avenue, Suite 1300; Toledo, OH 43604 **by (postmarked) Friday, March 19, 2010.** Please be sure sufficient postage is on the envelope.

Basis for Selection:

1. The criteria used for selection of scholarship recipients includes consideration of the following:
 - a. Financial need;
 - b. Scholastic aptitude;
 - c. Prior academic achievement;
 - d. Individual motivation, ability and potential; and
 - e. Recommendation from guidance counselor.

The above-stated criteria may be revised from time to time as deemed appropriate by the Huntington Scholarship Endowment Fund Advisory Committee with the approval of the Board of Trustees of the Toledo Community Foundation, Inc.

TOLEDO COMMUNITY FOUNDATION, INC.
Huntington Scholarship

Report of High School Guidance Counselor

Name of Applicant _____

Please check the appropriate high school: Bowling Green HS Elmwood HS

North Baltimore HS Otsego HS Rossford HS

In your opinion, what traits or skills does the applicant possess which will enable him/her to successfully complete the requirements for a college degree?

Additional comments (including information, if known, on the applicant's family background) which may assist the Huntington Scholarship Endowment Fund Advisory Committee in its selection process.

Counselor's Signature _____ Date _____

TOLEDO COMMUNITY FOUNDATION, INC.

**Huntington Scholarship
2010-2011 APPLICATION**

PLEASE TYPE OR PRINT WITH BLACK INK

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

2. Social Security Number _____ Phone Number () _____

3. Home Address _____
(Street)

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

4. Father's Name/Guardian's Name _____
Address (if different than above) _____
(Street) (City) (State/Zip Code)

Occupation _____
(Position) (Company)

Mother's Name/Guardian's Name _____
Address (if different than above) _____
(Street) (City) (State/Zip Code)

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 _____ Class Rank _____ of _____

Cumulative Grade Point Average _____ Last Semester Grade Point Average _____

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

7. **Attach an additional sheet** listing school, community or athletic activities in which you have been involved; honors you have received; and offices which you have held during high school.

8. Please list the colleges, universities or other schools to which you have applied:

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

10. What will be your major in college (if known)? _____

11. Why are you interested in pursuing this course of instruction? _____

12. **FINANCIAL INFORMATION: Award of this scholarship is partially based on financial need.**

List all sources of household income, including (if applicable): parent, step-parent and/or guardian income, child support and/or alimony payments, etc. **Do not include income you earn.**

(Father) (Annual Gross Income)

(Mother) (Annual Gross Income)

(Step-Parent/Guardian) (Annual Gross Income)

(Other i.e., child support, alimony, etc.) (Annual Amount)

Do you currently work and/or work in the summer? YES _____ NO _____

IF YES, Position/Place of Employment _____

What are your approximate annual earnings? \$ _____

Do you plan to work while attending college? YES _____ NO _____

If yes, explain _____

What would be your estimated annual earnings? \$ _____

Do your parents own their own home or rent? OWN _____ RENT _____

What are your parents' approximate monthly housing costs (mortgage payment or rent) \$ _____

Do you have family members for whom college expenses are being paid for by your parents/guardians?
YES _____ NO _____ IF YES, PLEASE LIST

(Name of Student) (College/University) (Amount Paid by Family)

(Name of Student) (College/University) (Amount Paid by Family)

What amount (annually) will your parents/guardians be able to contribute toward your education? \$ _____

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? \$ _____

13. Additional Comments (If appropriate, include any special circumstances or financial hardships you would like to be considered). Attach an additional sheet, if necessary.

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 the Toledo Community Foundation, Inc. to release any pertinent information for publicity purposes. I agree that if I become a scholarship recipient and that if information provided on this application is later found to be false, my scholarship can be denied.

Applicant's Signature _____ Date _____

If Applicant is under age 18

Parent/Guardian Signature _____ Date _____

Please attach a Report of High School Guidance Counselor (as indicated on the scholarship information sheet), an official copy of your high school transcript, and an activities sheet (#7). Information should be mailed to:

TOLEDO COMMUNITY FOUNDATION, INC.

**Attention: Joanne Olnhausen
300 Madison Avenue, Suite 1300
Toledo, OH 43604**

MATERIALS MUST BE POSTMARKED BY FRIDAY, MARCH 19, 2010.

(Be sure sufficient postage is on the envelope.)

NO FAXES ACCEPTED!

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