

**TOLEDO COMMUNITY FOUNDATION, INC.**

**Jamie Farr 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 official transcript to: Toledo Community Foundation; Joanne Olnhausen; 300 Madison Avenue, Suite 1300; Toledo, OH 43604 by (postmarked) **Friday, March 2, 2012.** Please do not bind the application (other than paper clipping pieces together). Questions can be directed to Ms. 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 ( ) \_\_\_\_\_ 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 \_\_\_\_\_

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

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

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 \_\_\_\_\_

If Applicant is under age 18  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_