

TOLEDO COMMUNITY FOUNDATION, INC.
Local 8 (IBEW) Scholarship
2010-2011 Information Sheet

Purpose:

To encourage educational achievement and to make possible further study, beyond high school, for children of deceased members of Local 8 (IBEW), **OR** for disabled members or children of disabled members of Local 8 that are participants of the organization's health and welfare program. Applicants must be U.S. citizens.

Qualifications for Eligibility:

1. Applicant must be the son or daughter (26 years of age or younger) of a deceased member of Local 8 (IBEW). The age requirement can allow up to four additional years for military credit (30 years of age or younger if applicant was in the military). **OR**, applicant must be a disabled member (as determined by Local 8 IBEW) or a child of a disabled member of Local 8 who is a participant in the organization's health and welfare program.
2. Applicant must be a high school graduate or possess a GED or be eligible for graduation in the year in which the scholarship is awarded.
3. Applicant must have achieved a minimum 2.0 cumulative grade point average on a 4.0 scale (or its equivalent) by the end of his/her last semester of instruction (at the high school or college level).
4. Applicant must be planning to pursue undergraduate study (full or part-time) at a two or four year college/university or study the skilled trades working toward certification or degree at a post-secondary educational institution or other school of the student's choice (which must be described in Section 501(c)(3) of the Internal Revenue Service Code).
5. Recipients may have their scholarship renewed for up to three years if additional study is needed to complete a degree or certificate. To be considered for renewal, a recipient must reapply each year and meet the requirements outlined in number three (3) and four (4) above.

How to apply:

1. Complete the scholarship application form.
2. Obtain an official copy of your most recent transcript (high school or college).
3. Mail application materials to: Toledo Community Foundation, Inc.; ATTN: Joanne Olnhausen; 300 Madison Avenue, Suite 1300; Toledo, OH 43604 **by (postmarked) Monday, March 1, 2010.**

The Scholarship Advisory Committee of the Toledo Community Foundation, Inc. will nominate award recipient(s), with final approval by the Foundation's Board of Trustees. Awards will be announced in early May 2010. If, in the opinion of the Scholarship Advisory Committee members, there are no qualified recipients in a given year, no nomination will be made.

Questions regarding the Local 8 (IBEW) Scholarship should be directed to Joanne Olnhausen, Toledo Community Foundation, at 419-241-5049 or Joanne@toledocf.org.

TOLEDO COMMUNITY FOUNDATION, INC.
Local 8 (IBEW) Scholarship
2010-2011 Application

INSTRUCTIONS

1. Please print (in black ink) or type all information; if an item does not apply to you, indicate N/A.
2. Mail completed application and an official transcript to: Toledo Community Foundation; Joanne Olnhausen; 300 Madison Avenue, Suite 1300; Toledo, OH 43604 by (postmarked) **Monday, March 1, 2010.** Questions can be directed to Ms. Olnhausen at 419-241-5049 or Joanne@toledocf.org.

APPLICANT INFORMATION

Last Name _____ First Name _____ MI _____

Permanent Address: Street _____

City _____ State _____ Zip _____ County _____

Phone () _____ Gender: M F Date of Birth _____

Social Security Number _____

School Address (if applicable): Street _____

City _____ State _____ Zip _____ Phone () _____

Deceased or Disabled Local 8 (IBEW) Member's Name _____

If deceased member, Surviving Parent's Name _____

Surviving Parent's or Disabled Member's Address (if different than applicant):

Street _____

City _____ State _____ Zip _____ County _____

Surviving Parent's or Disabled Member's Phone: Home () _____ Work () _____

EDUCATION

High School from which you will receive/received your diploma _____

Address: Street _____ City _____ State _____ Zip _____

Phone () _____ Year of Graduation _____ Cumulative GPA _____

Current college status (2010-2011): ___ Entering Freshman ___ Freshman ___ Sophomore ___ Junior ___ Senior

If entering freshman, colleges to which you have been accepted or educational institution you plan to attend:

College/technical school currently attending (if applicable): _____

Address: Street _____ City _____ State _____ Zip _____

Phone () _____ Last quarter/semester GPA _____ Cumulative GPA _____

What is your intended major? _____

How many years will your academic program take to complete? _____

Will you be living on campus or commuting? _____

Do you plan to attend full or part-time? _____

Estimate of credit hours/number of courses taken each semester/quarter, if known. _____

When do you expect to receive your degree/certificate? _____

EXTRA CURRICULAR ACTIVITIES

List any school, community or athletic activities in which you have been involved, honors you have received, offices you have held, etc. during high school and college/beyond. Renewal applicants should only include those activities related to college/beyond. Attach additional sheets if necessary.

LIFE GOALS

List from one to three career or other life goals that are important to you. Explain how your education will help you achieve these goals. Attach additional sheets if necessary.

EDUCATIONAL FUNDING

Scholarships, Grants and Other Awards

Please list any scholarships, grants, and/or other awards you have received as of this time - include the period of time for which the scholarship, grant, etc. has been awarded (i.e. one-time/one year, four years, etc.).

Source _____ Amount _____ Period _____

Source _____ Amount _____ Period _____

Source _____ Amount _____ Period _____

Please list any scholarships, grants, and/or other awards for which you have applied and are awaiting a decision. Please include an approximate date as to when you will be advised of a decision.

Source _____ Amount _____ Decision _____

Source _____ Amount _____ Decision _____

Source _____ Amount _____ Decision _____

Other Sources of Educational Funding

Please list other sources from which you may derive funding for schooling (i.e., personal or parental income, savings accounts, loans, etc.).

Source _____

Source _____

Source _____

List your anticipated annual cost during the period for which you are applying for scholarship funds:

Tuition & related fees _____ Books _____ Room & Board _____

Other comments or circumstances you wish to note:

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.

Applicant's Signature _____ Date _____

If Applicant is under age 18

Parent's Signature _____ Date _____