

TOLEDO COMMUNITY FOUNDATION, INC.
Robert L. Maxwell and Lathrop/Turner 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.

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 _____