



Hancock County Educational Service Center

7746 CR 140 • Findlay, OH 45840 • (419) 422-7525

MARIE D. BERRY SCHOLARSHIP

APPLICATION INSTRUCTIONS:

- 1) COMPLETE AND **SIGN** THE APPLICATION (**RENEWAL SCHOLARSHIPS HAVE THEIR OWN FORM. DO NOT USE THIS FORM TO APPLY FOR RENEWAL SCHOLARSHIPS**)
- 2) APPLICATION MUST BE TYPED OR LEGIBLY PRINTED IN INK; **SIGN YOUR APPLICATION!!** SECTION III MUST BE COMPLETED BY GUIDANCE COUNSELOR.
- 3) APPLICATIONS ARE DUE TO THE HANCOCK COUNTY ESC OFFICE **BY MARCH 28, 2018**. APPLICATIONS RECEIVED AFTER 3/28/18 **WILL NOT** BE ACCEPTED.
- 4) **SUBMIT APPLICATION PACKET BY MAIL OR IN PERSON TO:** THE HANCOCK COUNTY ESC, ATTN: DANA HELFRICH, 7746 CR 140, FINDLAY, OH, 45840
- 5) **INCLUDE 1 EACH: COMPLETED APPLICATION, PARENT/GUARDIAN CERTIFICATION, OFFICIAL SCHOOL TRANSCRIPT, FAFSA SARS REPORT**

Section I – Personal Information (to be completed by the applicant)

Last Name		First		Middle	
Address			Phone		
City	State	Zip	Alternate Phone		
Date of Birth		Social Security Number		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Email Address		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Spouse if Applicable	
High School			Graduation Date		
College			Expected Graduation Date		

Please sign below indicating the following: The information provided in this application is accurate and true to the best of my knowledge.

Applicants Signature	Date
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Section II – Family Information

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian
Last	First	M.I.	Last	First	M.I.
<input type="checkbox"/> Same as student Address if different			<input type="checkbox"/> Same as student Address if different		
City	State	Zip	City	State	Zip
Employer	Occupation		Employer	Occupation	
Home Phone	Alternate Phone		Home Phone	Alternate Phone	
<input type="checkbox"/> Father deceased <input type="checkbox"/> Mother deceased <input type="checkbox"/> Parents divorced			Are you the first in your family to graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List names, ages and educational levels of siblings for next school year.

Name	Age	Grade or Highest Educational Level Achieved/Institution

Section III – High School Information (to be completed by Guidance Counselor)

High School Attended/Attending			
School Address		City	State Zip
H.S. Graduation Date	Cumulative GPA	Cumulative Class Rank	Total HS Class Size
Attendance Information as of / /			
Previous School Year # of days absent # of days tardy		Current School Year # of days absent # of days tardy	
Test Scores (use of any combination of tests is acceptable)			
Scholastic Aptitude Test (SAT):		Verbal	Math
American College Test (ACT):		Composite	Math English Science Reading Writing
High School Curriculum (check all that apply)			
<input type="checkbox"/> Honors	<input type="checkbox"/> Vocational	<input type="checkbox"/> College Prep	<input type="checkbox"/> Technical <input type="checkbox"/> General <input type="checkbox"/> Other
<i>The school-related information provided above is accurate and true to the best of my knowledge.</i>			
HS Guidance Counselor Signature:			Date:

Section IV – Post-Secondary Information

1. If already attending college, please provide an official college transcript.
2. List, **in order of preference**, the schools to which you have formally applied.
3. **Circle or highlight** the school you have selected to attend (if any).

School	Acceptance Status		
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
Year in college during upcoming school year	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Post-Graduate
Major Field of Study	Minor Field of Study		
Do you plan to be a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how many credit hours?		
Are you now attending a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected College Graduation Date:		
<i>If currently attending a college or university, name of school, address, course of student, and attach transcript:</i>			

Section V – Education Financing **REQUIRED**

*Please provide education financing information for your **chosen** school, or for your **first choice** school.*

School	Expected annual room & board:
Expected annual tuition:	Expected annual cost for textbooks and supplies:
Are you financing your own education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	If no or partial, who is helping to finance your education:
How much of your education are they supporting (percentage or dollar figure):	
Other Scholarship Information (<i>please list other scholarships you have applied for</i>)	
Name	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Name	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Name	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

MARIE BERRY SCHOLARSHIP

CERTIFICATION OF PARENT/GUARDIAN

This is to certify that I/we have examined the foregoing application of my/our child,
_____, for participation in the Marie Berry Educational Fund and it is correct. I/We are enclosing a copy of the **Student Aid Report** from the Federal Application for Student Aid for the school year in which my/our child is applying for aid.

Parent/Guardian

Parent/Guardian