MARIE D. BERRY SCHOLARSHIP RENEWAL APPLICATION

APPLICATION INSTRUCTIONS:

- 1) COMPLETE THE ENTIRE APPLICATION (INITIAL SCHOLARSHIPS HAVE THEIR OWN FORM. DO NOT USE THIS FORM IF THIS IS YOUR 1ST TIME TO APPLY)
- 2) APPLICATIONS MUST BE TYPED OR LEGIBLY PRINTED IN INK. Make sure you sign your application!
- 3) APPLICATIONS ARE DUE TO THE HANCOCK COUNTY ESC OFFICE BY MARCH 31, 2017. APPLICATIONS RECEIVED AFTER 3/31/17 WILL NOT BE ACCEPTED.
- SUBMIT APPLICATION PACKET BY MAIL OR IN PERSON TO: THE HANCOCK COUNTY ESC, ATTN: DANA HELFRICH, 7746 CR 140, FINDLAY, OH, 45840

| 5) INCLODE 1 EACH: COMPLETED APPLICATION, PARENT/ GUARDIAN CERTIFICATION, UNDEFICIAL SCHOOL TRANSCRIPT, FAFSA SARS <u>REPORT</u> | | | | | | | | | | | | | | | | |
|---|---------------------------------------|--|----------|-------------------------|---|--------------------------------------|----------|------------------------------|-----------------|--|----------|--------|--|--|--|--|
| Section I – Personal Information (to be completed by the applicant) | | | | | | | | | | | | | | | | |
| Date of Original Application: | | | | | | | | | | | | | | | | |
| | | | | First | | | | | Middlo | | | | | | | |
| Last Name | | | | FIISL | | Middle | | | | | | | | | | |
| Address | · · · · · · · · · · · · · · · · · · · | | | | | | | | Phone | | | | | | | |
| City | State | | | Zip | | Alternate Phone | | | | | | ı | | | | |
| Date of Birth | | | | Social Security Number | | | | | | ☐ Male | | Female | | | | |
| Email Address | | | | U.S. Citizen ☐ Yes ☐ No | | | | Name of Spouse if Applicable | | | | | | | | |
| 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 | | | | |
| Section II – Family Information | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Father | Stepfather | | Guardian | | | Mother | | - | Stepmother | | Guardian | | | | | |
| Last | First | | M.I. | | l | Last | | First | | | M.I. | | | | | |
| Same as student Address if different | | | | | | Same as student Address if different | | | | | | | | | | |
| City | State | | | Zip | | | City | | | State | | Zip | | | | |
| Employer | Occupation | | | | | | Employer | | | Occupation | | | | | | |
| Home Phone Alternate Pho | | | ne | | | Home Phone | | | Alternate Phone | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Father deceased Mother deceased Parents divorced Are you the first in your family to graduate from high school? Yes No List names, ages and educational levels of siblings for next school year. | | | | | | | | | | | | | | | | |
| Name | | | | | | Age | | | | iducational Level Achieved/Institution | | | | | | |
| | | | | | | | | | | | | | | | | |
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| Section III – Post-Secondary Information | | | | | | | | | |
|--|--------|---|------------|------|--------------|------------------|-----------------------|--|--|
| Name of College/University: | | | | | | | | | |
| Contact Person at the Financial Aid Office: | | Financial Aid Phone #: | | | | | | | |
| Address of College Financial Aid Office: | | | | | | | | | |
| Year in college during upcoming school year Sophomore | | Junio | r | | Senior | | | | |
| Major Field of Study | Min | Minor Field of Study | | | | | | | |
| Do you plan to be a full-time student? ☐ Yes ☐ No | | If no, how many credit hours? | | | | | | | |
| Current GPA: | | | | | | | | | |
| Please provide your grades for the current school year. At the end of this school year, you will be required to submit an official college transcript before you | | | | | | | | | |
| scholarship funds can be disbursed by our office. Attach a transcript from each college or university you have attended. Failure to attach a transcript may result in forfeiture of your application. | | | | | | | | | |
| Section IV – Education Financing REQUIRED | | | | | | | | | |
| Please provide education financing information for your school. | | | | | | | | | |
| School | Exp | Expected annual room & board: | | | | | | | |
| Expected annual tuition: | Ехр | Expected annual cost for textbooks and supplies: | | | | | | | |
| Are you financing your own education? ☐ Yes ☐ No ☐ Partial | If n | If no or partial, who is helping to finance your education: | | | | | | | |
| How much of your education are they supporting (percentage or dollar figure): | | | | | | | | | |
| Other comments, if any: | | | | | | | | | |
| Other Scholarship Information (please list other scholarships you have applied for) | | | | | | | | | |
| Name | | Yes | | □No | | Pending | | | |
| Name | | Yes | | ☐ No | | Pending | | | |
| Name | | Yes | | ☐ No | | Pending | | | |
| Section V — Activities List any school, community and church activities in which you have been involved in the last four years. Be sure to include leadership roles held and # of hours (hours | | | | | | | | | |
| List any school, community and church activities in which you have been involved per week/month/year, whichever is most applicable. Make additional copies of ti | | | | | ership roles | TOTAL # | HOURS PER | | |
| School Activities | | FR | so | JR | SR | YEARS | WK/MO/YR | | |
| | | | | | | | | | |
| | | | | | | TOTAL# | HOURS PER | | |
| Community and Church Activities | | FR | SO | JR | SR | YEARS | WK/MO/YR | | |
| | | | | | | | | | |
| | | | | | | TOTAL # | HOURS BED | | |
| Awards and Honors | | FR | SO | JR | SR | TOTAL # YEARS | HOURS PER WK/MO/YR | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Work Experience (List nature of work, position, dates of employment | and av | erage h | ours/week. | | | | | | |
| | | | | | | | | | |

Marie Berry Scholarship

CERTIFICATION OF PARENT/GUARDIAN

| This is to certify that I/we have example. | mined 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 Stu | udent Aid for the school year in which my/our child |
| is applying for aid. | |
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| | |
| | Parent/Guardian |
| | |
| | Parent/Guardian |