SCHOLARSHIP INFORMATION SHEET 2017-2018 SY

The attached application applies to the following scholarship programs:



- FIRST PLACE COMMUNITY FUND
- LOREN HUNTER (WCS students only)
- MARAE OHL
- ROTARY CLUB OF WARREN
- STANELY L. AND GRACE A.WOOFTER
- TRUMBULL COUNTY SCHOLARSHIP
- TRUMBULL COUNTY SUPERINTENDENT ASSOCIATION SCHOLARSHIP

GENERAL SCHOLARSHIP INFORMATION/ REQUIREMENTS

- A. To be eligible, applicants must be residents of Trumbull County or enrolled in a Trumbull County School.
- B. The scholarships are granted without regard to sex, race, or creed.
- C. Considerable weight will be given to estimates of potential for success in a chosen field and financial need rather than to high school grade point average or to final class rank.
- D. The scholarship funds will be paid by the scholarship foundation directly to the school selected by the student. It will be used first for tuition and fees, and then books. Any remaining monies may be used for room, board, etc.
- E. Completed applications and the specific scholarship requirements listed below must be returned to your high school counselor. School counselors must submit completed applications for all the scholarships listed above to Michael Hanshaw, Superintendent, Trumbull County Educational Service Center, by Friday, March 9th, 2018. The applications must be post marked by March 9th. There will be no applications accepted after this date. The school counselors will be notified of any late applicants. If you are using the interoffice mail, please be aware of your district pick up day in order to deliver back to our office by the deadline. Given the importance of this deadline, we suggest you drop these applications off at our office at 6000 Youngstown-Warren Road, Niles, Ohio.
- F. In addition to the application, the following must be submitted:
- 1. Transcript (high school or college) showing grade average, class rank, and ACT and/or SAT scores.
- 2. One (1) letter of reference from a teacher, counselor, or school administrator.
- 3. Brief Essay-On a separate sheet(s), choose a personal strength and relate it to your career goal.
 - \circ Include life experiences that have influenced your future plans. Print clearly or type essay.
- 4. Most recent W-2 form of parent(s) and/or guardian(s), & self.

SPECIFIC SCHOLARSHIP INFORMATION/REQUIREMENTS



FIRST PLACE COMMUNITY FUND - Component Fund of the Community

Foundation of the Mahoning Valley, will recognize graduating seniors who reflect its company philosophy of superior performance and a commitment to school and community involvement. First Place Bank Community Foundation will award twenty-three (23) five hundred-dollar scholarships to graduating seniors for continuing education.

- A. A scholarship of \$1000.00 will be awarded to:
 - 1. One student from <u>each</u> of the public high schools in Trumbull County.
 - 2. One student from John F. Kennedy High School.
 - 3. One vocational student from the Trumbull Career and Technical Center.
 - 4. One student from the combined high school graduating classes of all the chartered Christian schools in Trumbull County.
- B. The applicant must have a minimum of 3.0 G.P.A.
- C. After meeting the minimum 3.0 G.P.A., all applicants will be evaluated based on their participation in school and community activities.

D. Students applying <u>only</u> for First Place Community Fund Scholarships should **omit** sections **F2**, **& F4** above.

LOREN HUNTER SCHOLARSHIP-- For Warren City School seniors only. For scholarship details, see your school counselor.

MARAE OHL SCHOLARSHIP – Ten (10) scholarships are available. *Financial need is a factor*. These \$1,000 scholarships are for one year only.

ROTARY CLUB OF WARREN -- Two \$1,000 scholarships will be awarded for one year. One scholarship will be awarded to a student from Warren City and one for Trumbull County combined. The scholarship may be renewable. Applicants must have a *verified learning or physical disability and show financial need*.

STANLEY L. AND GRACE A. WOOFTER SCHOLARSHIP -- Two \$1,500 scholarships will be awarded for one year. The scholarship may be renewable. Applicants must have a *verified learning or physical disability, demonstrated scholarship, achievement, participation in activities, and financial need*.

TRUMBULL COUNTY SCHOLARSHIP – Several non-renewable scholarships are available. Preference will be given to deserving students of the Trumbull County Children's Services first, and then to students demonstrating scholarship and participation in activities. Awards were \$500 last year.

Scholarships Continued:

TRUMBULL COUNTY SUPERINTENDENT ASSOCIATION SCHOLARSHIP -

The Trumbull County Superintendent Association will recognize one graduating senior who demonstrates superior performance and a commitment to school and community involvement. The TCSA committee will award one, non-renewable, scholarship to any Trumbull County student who meets the following criteria:



- 1. One graduation student from any Trumbull County Public High School.
- 2. The student must be enrolled and accepted into an Accredited College or University, majoring in the field of education.
- The student must complete the application in its entirety and submit a one page essay.
 a. Essay must include reasons as to why they chose the field of Education.
- 4. The applicant must have a minimum of 3.0 GPA the first semester of college, and provide proof to the TCSA committee. This can be in the form of a transcript or semester grade posting.
- 5. After meeting the first semester of a minimum 3.0 GPA, the TCSA recipient will receive the \$500.00 scholarship award.

Scholarship chairpersons and committees of each specific scholarship program will review their respective scholarship applications.

This two-page scholarship information explanation *need not* be returned with the application.

TO THE SCHOOL COUNSELOR:

Please complete the check-off box on page one of each application.

Thank you.

	TRUMBULL COUNTY EDUCATIONAL SERVICE CENTER HOLARSHIP APPLICATION 2017-2018 ase place a ✓ on the blank in front of the scholarshi	Must be completed by School Counselor: All blanks completed Signatures completed – including yours One letter of recommendation W-2 forms Transcript Bio sketch for Woofter and Warren Rotary ACT/SAT-List score GPA- List Rank Class Rank/# in class Sesay Counselor's initials:
	 First Place Community Fund Scholarship Loren Hunter Scholarship (For Warren City School Marae Ohl Scholarship 	
	Rotary Club of Warren Stanley L. and Grace A. Woofter Scholarship	
I.	NAME:(First) (Middle	
II.	ADDRESS:	PHONE:
	(City) Zip Code	S. S. #:/
III.	FINANCIAL NEED: (This section should be omitted Scholarships).	by students applying <u>only</u> for First Place Bank
	A. What school or college do you plan to attend?	
	B. What course of study do you plan to follow?	
	C. Have you applied for other financial aid?	yes no

If you responded, "Yes," to the question above, from what source(s):

Federal Student Aid
Ohio Instructional Grant (OIG)
Bureau of Vocational Rehabilitation
Loans
Scholarship(s): Explain:
D. Have you received any financial aid from the above sources?YesNo
E. Are there other members of your family in college?yesno
F. Are other members of your family in college on scholarship?yesno
Trumbull County Educational Service Center Scholarships 2017-18 SY

G.	Names and ages of other children in family:
	Younger than you:
	Older than you:
H.	Are there dependent relatives other than the immediate family?yes no
	If you responded, "Yes," to this question, lists the names and extent of dependency:
	Other pertinent information about YOURSELF that would be helpful to establish financial need: <i>All information provided must relate to the previous year</i> .
	1. Job Earnings: 3. Social Security Benefits:
	2. Savings: 4. Veteran's Benefits:

IV. If you are presently enrolled in an educational program beyond high school, please complete the following: (e.g. Post secondary options)

School	Dates	Program of study	Grade average

V. SCHOOL AND NON-SCHOOL ORGANIZATION/COMMUNITY SERVICE PARTICIPATION.

(To list additional organizations, please duplicate this form and insert into application behind this sheet. Do not list any activity more than once).

A. School Organizations

For Office Use	List school organizations in which you participated during high school. (Examples: French Club, baseball, and yearbook).	colun years	nn(s) ir you pa	nder th ndicatin articipa nization	ig the ted	For Office Use	List offices/chairperson positions held in the organization during each grade.				For Office Use
	School Organization	9	10	11	12		9	10	11	12	

B. Non-School Organizations.

	Sensor Of Summations				
For	List non- school organizations in	Place an x under the	For	List offices/chairperson positions held	For
Office	which you participated during	column(s) indicating the	Office	in the organization during each grade.	Office
Use	high school. (Examples: 4 H	years you participated	Use		Use
	Boy Scouts, Junior	in this organization			
	Achievement)				

For Office Use	Non-School Organization	9	10	11	12	9	10	11	12	

V. SCHOOL AND NON-SCHOOL ORGANIZATION/COMMUNITY SERVICE PARTICIPATION

(To list additional activities or community service, please duplicate this form and insert into application behind this sheet). **C. Activities**

For Office Use	List school or non-school activities in which you participated <u>not cited under A or</u> <u>B</u> . Example: Attending an event as a representative of your school/non school organization.	Place an x under the column(s) indicating the years you participated in this activity.	For Office Use	List offices/chairperson positions held in this activity during each grade.	For Office Use	
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Activity	9	10	11	12	9	10	11	12	

D. Community volunteer service.

D. Com	D. Community volunteer service.											
For Office Use	Organization sponsoring this community service activity. Example: BETA Club, Hospital.	List the community volunteer service you performed in this organized program. Example: Visited elderly; helped patients	indicatio	a x under t ng the yea ated in thi	For Office Use	List the number of hours you invested in this community service activity during each grade.			For Office Use			
	Organization	Volunteer Service Performed	9	10	11	12		9 No. of hrs.	10 No. of hrs.	11 No. of hrs.	12 No. of hrs.	

VI. STANLEY L. AND GRACE A. WOOFTER AND ROTARY CLUB OF WARREN SCHOLARSHIP APPLICANTS ONLY.

1	Do you have a	verified learning	or physical	disability?	ves	no
1.	DO you have a	vermen learning	g of physical	uisability?	yes	110

2. Please list the name of a professional who can be contacted to verify your disability: (This may be a member of the school staff.)

ork Phone			
у	State	Zip	
	у	y State	

career goals and financial needs for college. Tell about your disability, how you have coped with it, and its effects on your education.

VII. TO BE COMPLETED BY ALL APPLICANTS:

Parent or Guardians Name	Occupation	Approx Yearly Income**	Approx Non Taxable Income**			
Please include all income including: Disability, SSI and Child Support						
Disability:	SSI:	C	hild Support:			

VIII. MARITAL STATUS OF PARENTS: **

(Circle One) Married – Divorced – Separated – Single – Deceased Parent(s)

IX. SIGNATURES:

Signature of Parent/Guardian

Signature of Parent/Guardian

Signature of School Counselor

Signature of Applicant

X. CERTIFICATION STATEMENT: I, _____, certify that the ______, certify that the

information in this application is true and accurate. I agree to provide any additional information that may be required.

* To ensure all required information is included, please review your scholarship application packet before submitting

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!