

# ALUMNI and FRIENDS of OSNABURG SCHOOLS FOUNDATION

## Scholarship Application 2019

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY !!!**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED ...**  
**... and COULD INVALIDATE YOUR APPLICATION !!!**

**DUE DATE is April 19, 2019 !!!**

This application is to be completed by the applicant and the applicant's parents<sup>1</sup> or guardians<sup>1</sup>. It is the responsibility of the applicant and the applicant's parents<sup>1</sup> or guardians<sup>1</sup> to submit a complete, accurate, and timely application.

It is the responsibility of the applicant to request and obtain all letters of reference and any other required information and to ensure that all such letters of reference and any other required information is submitted to and received by the Alumni and Friends of the Osnaburg Schools Foundation by the April 19, 2019 deadline.

The Alumni and Friends of the Osnaburg Schools Foundation will NOT follow up with the applicant or others to assure that an application is complete, nor to assure that letters of reference and any other required information are timely received.

The following criteria are applicable to all scholarship awards:

- A. The applicant must be a graduate of the East Canton High School, or
- B. If the applicant attended, but is not a graduate of, the East Canton High School, the applicant must provide proof of a subsequent General Education Diploma.
- C. The applicant must submit a complete application for any scholarship award.
- D. The applicant must submit at least two (but not more than five) reference letters, only one of which may be from a teacher or school administrator. At least one letter of reference from other than a teacher or school administrator must be from a citizen residing in the Osnaburg Local School District. Applicants should provide their prospective reference writers with stamped envelopes which are addressed to:

Scholarship Administrator  
AFOSF  
224 N. Wood Street  
East Canton OH 44730

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## Scholarship Application 2019 (continued)

E. The applicant and one or both of the applicant's parents<sup>1</sup> or guardians<sup>1</sup> must sign the "STATEMENT of ACCEPTANCE OF RESPONSIBILITY" included in this application before submission.

F. The applicant and one or both of the applicant's parents<sup>1</sup> or guardians<sup>1</sup> must sign the permission slip included to allow The Alumni and Friends of the Osnaburg Schools Foundation to receive a copy of the applicant's transcripts from the East Canton High School . *See ATTACHMENT I.*

G. The applicant will receive written notice of his/her selection or rejection for a scholarship award.

H. The applicant must submit their SAR for 2018-2019 (Student Aid Report) showing the EFC (Expected Family Contribution) received by applicant resulting from his/her FAFSA application submission.

<sup>1</sup> If the applicant is an emancipated minor or self-sufficient adult, the Alumni and Friends of the Osnaburg Schools Foundation may waive the requirement that parents or guardians participate in signing the application, financial statement, permission slip, and statement of acceptance of responsibility. Please contact the foundation if you intend to file an application and this note is applicable to you (330) 488-6500.

# ALUMNI and FRIENDS of OSNABURG SCHOOLS FOUNDATION

## Scholarship Application 2019

### GENERAL INFORMATION

NAME: \_\_\_\_\_ SEX \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_  
TELEPHONE #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SCHOOLS ATTENDED:	From Mo./Yr.	To Mo./Yr.
Osnaburg Local:	____/____	____/____
Other _____	____/____	____/____
Other _____	____/____	____/____

TO WHAT COLLEGE(S) HAVE YOU APPLIED?

A. \_\_\_\_\_ ACCEPTED? \_\_\_ YES \_\_\_ NO

B. \_\_\_\_\_ ACCEPTED? \_\_\_ YES \_\_\_ NO

WHAT MAJOR(S) DO YOU PLAN TO PURSUE? \_\_\_\_\_

WHAT SUBJECTS WERE MOST INTERESTING IN YOUR HIGH SCHOOL WORK?

ARE YOUR HIGH SCHOOL GRADES AN ACCURATE INDEX OF YOUR ABILITY?  
YES ( ) NO ( ) If not, what were the factors that prevented you from doing better?

DO YOU PLAN TO WORK WHILE ATTENDING COLLEGE? (Please Elaborate)

ATTACH A RESUME OF EXTRACURRICULAR ACTIVITIES:. (Boy/Girl Scouts, 4H Club, Church, Sports, Music, School, or Service Clubs, etc.). Designate the high school years in which you participated in each ... indicate offices held ... or any honors that you have received.

Example:

Activity Name	Years Active	Offices Held (if any)	Honors Received (if any)
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Student Cell

**ALUMNI and FRIENDS of OSNABURG SCHOOLS  
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**ADDITIONAL INFORMATION**

FATHER'S NAME:<sup>2</sup> \_\_\_\_\_ LIVING ( ) DECEASED ( )  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_  
TELEPHONE #: ( ) \_\_\_\_ - \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME:<sup>2</sup> \_\_\_\_\_ LIVING ( ) DECEASED ( )  
ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_  
TELEPHONE #: ( ) \_\_\_\_ - \_\_\_\_\_ OCCUPATION \_\_\_\_\_

NUMBER & AGES OF BROTHERS: ( ) \_\_\_\_\_

NUMBER & AGES OF SISTERS: ( ) \_\_\_\_\_

Which, if any, of these will also be attending college during the four years 2019 through 2023?

\_\_\_\_\_

WHAT ARE YOUR PARENTS' OR GUARDIANS' ATTITUDES TOWARD YOUR  
EDUCATION PLANS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INCLUDE ANY OTHER FAMILY INFORMATION WHICH YOU FEEL WILL BE USEFUL  
TO THE COMMITTEE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>2</sup> Insert Guardian's Name if applicable ... and annotate "Guardian"

**ALUMNI and FRIENDS of OSNABURG SCHOOLS  
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**FINANCIAL INFORMATION FORM**

APPLICANT'S NAME: \_\_\_\_\_ TELEPHONE #: ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

TOTAL OF EXPECTED YEARLY COSTS OF COLLEGE OR UNIVERSITY ATTENDANCE  
(This would include tuition, room, board, books, supplies, other.) \_\_\_\_\_

TOTAL OF EXPECTED SOURCES OF REVENUE TO COVER YEARLY COSTS (This  
would include savings, earnings, parents, loans other.) \_\_\_\_\_

DIFFERENCE BETWEEN COSTS & SOURCES: \_\_\_\_\_

SCHOLARSHIPS, OTHER THAN AFOSF, FOR WHICH YOU HAVE APPLIED OR HAVE  
RECEIVED AND NOT INCLUDED IN EXPECTED SOURCES OF REVENUE ABOVE

A. SCHOLARSHIP NAME \_\_\_\_\_

SCHOLARSHIP AMOUNT \_\_\_\_\_

SCHOLARSHIP DURATION (Number of years) \_\_\_\_\_

B. SCHOLARSHIP NAME \_\_\_\_\_

SCHOLARSHIP AMOUNT \_\_\_\_\_

SCHOLARSHIP DURATION (Number of years) \_\_\_\_\_

(If more than two scholarships please describe on the back of this form)

**ALUMNI and FRIENDS of OSNABURG SCHOOLS  
FOUNDATION**

**Permission to Receive Transcripts from the  
East Canton High School  
2019**

We hereby grant the Alumni and Friends of the Osnaburg Schools Foundation our permission to receive a copy of the transcripts for \_\_\_\_\_ from the East Canton High School.

We hereby authorize and instruct the East Canton High School to promptly issue said transcripts to the Alumni and Friends of the Osnaburg Schools Foundation.

Signature of Applicant: \_\_\_\_\_

Signature of Applicant's Father:  
and/or \_\_\_\_\_

Signature of Applicant's Mother:  
or \_\_\_\_\_

Signature of Applicant's Legal Guardian: \_\_\_\_\_

***ATTACHMENT I.***