



MIDDLETOWN COMMUNITY FOUNDATION  
 300 NORTH MAIN STREET  
 SUITE 300  
 MIDDLETOWN, OHIO 45042

**COLLEGE SCHOLARSHIP APPLICATION**

**FOR HIGH SCHOOL SENIORS GRADUATING IN 2012**

PLEASE TYPE OR PRINT APPLICATION

**Application due: February 28** 

(If application is submitted prior to receipt of Dec. 31 grades, have a transcript sent with those additions prior to the February deadline.)

If you will be the <b>first</b> in your immediate family to attend college, indicate you are with an X in the box at right:			
Optional: If you are of <b>Kentucky/Tennessee Appalachian descent</b> (have a direct ancestor born in the Appalachian region of Kentucky or Tennessee), indicate with an X in the box at right:			
Names of Scholarships desired: <i>You may enter multiple scholarships and use additional pages if necessary</i>			
Date of Application:		Date of Birth:	
		Soc. Sec. No.	
Name:			
Address:		City, State, Zip:	
Phone/E-mail Address:		(____) ____ - ____ @ _____	
Name of high school from which you will graduate:			
If you have attended any of the following schools, indicate by "X" in the box at right:		<input type="checkbox"/> Butler Tech <input type="checkbox"/> Warren County Career Center	
Class Rank (if your school ranks):		Cumulative GPA:	
Standardized Test Scores:		_____ ACT Composite      SAT: W ____ M ____ CR ____ = _____	
Colleges/Universities applied to:			

What is your intended college major? Why did you choose this area of study?

What must you accomplish over the next several years to become a successful adult? What challenges or barriers do you foresee having to overcome?

What makes you a unique person?

Father's Name:	
Father's Address:	
Father's Employer: Position Hours per week	
Mother's Name:	
Mother's Address:	
Mother's Employer: Position Hours per week	

If not living with your parents, give the name and relationship of the person with whom you live (below):

Name:	Relationship:
Address:	
How long have you lived with this person?	

**Please complete the following information regarding family finances:**

Total annual income of the family **with whom you live** and other adults responsible for your support:

<input type="checkbox"/> Father's / <input type="checkbox"/> Step-Father's Gross Income last year	\$
<input type="checkbox"/> Mother's / <input type="checkbox"/> Step-Mother's Gross Income last year	\$
Other Adult's Gross Income last year <i>if responsible for your support</i>	\$
Your Gross Income last year	\$
Total gross income:	\$ _____

If your parents live separately, who bears financial responsibility for your college education?

Father  
 Mother  
 Both  
 Self  
 Other: \_\_\_\_\_

*Note: Even if you are not applying specifically for a need-based scholarship, ALL applicants are considered for additional scholarships we offer which require that the above financial information be provided.*

**Graduating High School Seniors**  
**High School and College Record Release Form**

*Please return this original, signed form to us with your application.*

We give our permission for the high school counselor or institute of higher learning personnel to send the Middletown Community Foundation a complete transcript of the applicant's high school (Grades 9 - 12) or college records which will include grades, class rank, the results of all available ability and achievement tests and any other pertinent information relative to the student's school performance and activities. We further grant permission for any information on the student from the college or university's registrar, bursar's office, admission's office, or financial aid office required for a decision to be rendered on this application be provided upon request by the Middletown Community Foundation.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Total size of the parent's household during the current school year (include parents, student named on this form, other dependent children and other dependents).

Number of adults over 18 \_\_\_\_\_

Number of children 18 and under \_\_\_\_\_

Total Number of Residents in Household \_\_\_\_\_

Family members currently enrolled in college:

Name \_\_\_\_\_ Institution Attending \_\_\_\_\_

Hours this term: \_\_\_\_\_

Name \_\_\_\_\_ Institution Attending \_\_\_\_\_

Hours this term: \_\_\_\_\_

Does your family have extraordinary expenses such as medical costs or support for a relative in a nursing home? Please give details.

### THE COST OF COLLEGE

*Use estimated figures for the school you will probably attend. School name: \_\_\_\_\_*

Annual tuition: \$ \_\_\_\_\_

Annual board & room: \$ \_\_\_\_\_

Estimated cost for books and fees: \$ \_\_\_\_\_

**PLEASE ENTER TOTAL \$ \_\_\_\_\_**

Where will you be living your freshman year?

At Home \_\_\_\_\_ miles from campus

On Campus

Off Campus Housing

How much have you and your parents set aside (saved) toward your college education?

\$ \_\_\_\_\_

## Required Attachments

1. Attach a copy (“official” or “unofficial”) of your high school academic record including your ACT and /or SAT scores. (If your transcript does not include documentation of your ACT/SAT scores, you will need to provide separate documentation such as the score report sent to you by the testing company.) If possible, please do not submit double sided (duplex) pages.

2. Please attach a copy of your résumé. It should include employment history (name and address of employers, hours per week, job duties) and your school activities during grades 9 through 12. Also include your community service (volunteer) activities during your high school career and any awards you have received.

**All information requested on this application must be provided for your application to be complete. Incomplete applications will not be considered. All scholarship applications require an in-person interview. You will be contacted with your assigned interview date and time. Any information forwarded with the application which is not requested will be discarded. Applications must be received (not postmarked) by the deadline to be considered. If mailing close to the deadline, please “overnight” the application or ship it several days prior to the deadline to ensure arrival by the deadline. Hand deliveries at our office are also accepted prior to 5 p.m. the deadline day.**

Print out the application and return it to: Middletown Community Foundation, 300 North Main Street, Suite 300, Middletown OH 45042.

Tel: 513-424-7369      - - - - - [www.mcfoundation.org](http://www.mcfoundation.org)