



MIDDLETOWN COMMUNITY FOUNDATION  
 36 DONHAM PLAZA  
 MIDDLETOWN, OHIO 45042

**NON-TRADITIONAL ADULT SCHOLARSHIP APPLICATION**

PLEASE TYPE OR PRINT APPLICATION

**Application due December 1 for spring semester and July 1 for fall semester**

Please check here  if you are a previous MCF Adult Scholarship Recipient applying for renewal.

*Please verify your qualifications:*

- I am presently attending or will be attending an accredited technical school, college, or university.
- I am at least 25 years of age.
- My educational expenses are not being reimbursed by my employer.

Date of Application:		Date of Birth:	
		Soc. Sec. No.	
Name:			
Address:	City, State, Zip:		
Phone Number & E-mail Address:			
Please check the school from which you graduated or received a high school equivalency diploma: <input type="checkbox"/> Bishop Fenwick <input type="checkbox"/> Butler Tech <input type="checkbox"/> Edgewood <input type="checkbox"/> Franklin <input type="checkbox"/> Madison <input type="checkbox"/> Monroe <input type="checkbox"/> Middletown <input type="checkbox"/> Middletown Christian <input type="checkbox"/> I attended a high school outside of this area but presently reside in the school district circled above.			
College/university/trade school attending:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Major (and minor, if applicable):	If presently in school Most recent semester GPA: Cumulative GPA:		
Degree sought:	Anticipated date to receive degree:		
Highest educational level attained:			

Courses completed toward major (attach additional sheet if necessary)

Class	Grade Achieved	Class	Grade Achieved

Why did you choose your major? What are your career plans?

In what activities have you participated following high school which will help you reach your professional goals (this may include work experience, volunteer time, membership in professional organizations, internships, etc.)?

Please describe any extenuating circumstances that have impacted your ability to be involved in outside activities or which have created a financial burden that could affect your education.

Why have you decided to return to school?

**THE COST OF COLLEGE**

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

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

Books and fees: \$ \_\_\_\_\_

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

Where do/will you reside once in school?

On campus  Off campus

Annual income of your family:

Your Gross Income last year \$ \_\_\_\_\_

Spouse's Gross Income last year \$ \_\_\_\_\_

Total gross income: \$ \_\_\_\_\_

Total size of the your household during the current school year (if applicable, please include student named on this form, your children, spouse, and others in the home).

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: \_\_\_\_\_

Please describe your current ties to the greater Middletown area:

I attest that the information contained on this application is complete and accurate to the best of my knowledge. I hereby authorize \_\_\_\_\_ (name of institution of higher learning) to release information regarding my academic standing and financial assistance to Middletown Community Foundation if requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach your resume, a copy of your most recent grade report (it need not be an *official* transcript) if presently in school, a copy of your financial aid form from the school showing financial aid you are receiving, a copy of your registration confirmation for the current or upcoming semester, and two letters of recommendation.

**Print out the application and return it to:**

**Middletown Community Foundation  
36 Donham Plaza  
Middletown OH 45042**

**Tel: 513 – 424-7369**

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**FAX: 513 – 424-7555**

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**[www.mcfoundation.org](http://www.mcfoundation.org)**