

MIDDLETOWN COMMUNITY FOUNDATION  
36 DONHAM PLAZA - THE MANCHESTER INN, SUITE 110  
MIDDLETOWN, OHIO 45042

Non-Traditional Application for Scholarship  
Minimum Applicant Age 25

PLEASE TYPE, PRINT or RRODUCUTER by COMPUTER

**QUALIFICATIONS: TO RECEIVE AN ADULT SCHOLARSHIP FROM MIDDLETOWN COMMUNITY FOUNDATION, AN APPLICANT MUST BE AT LEAST 25 YEARS OF AGE AT THE TIME OF APPLICATION. STUDENTS RECEIVING REIMBURSEMENT FROM AN EMPLOYER, INCLUDING WAIVED EDUCATIONAL FEES, ARE NOT ELIGIBLE.**

Date of application: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Educational background:

Highest education level attained: \_\_\_\_\_

Institution conferring degree: \_\_\_\_\_

School applied to attend: \_\_\_\_\_  Full Time  Part Time

What is your intended major?: \_\_\_\_\_

Career plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why have you decided to further your education?  
\_\_\_\_\_  
\_\_\_\_\_

Financial Need Documentation:

\_\_\_\_\_ Live with parents

\_\_\_\_\_ Married

\_\_\_\_\_ Live alone

\_\_\_\_\_ Other

Total household income: \$ \_\_\_\_\_

Household size: \_\_\_\_\_ (include all residents)

Residents attending college at least half-time:

List any unusual family expenses:

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Estimated College costs: Tuition: \_\_\_\_\_ Books, fees:

Middletown Community Foundation scholarships are limited to direct educational expenses and may not be used for living or Transportation expenses.

**Please attach a copy of your resume and the statement from your school showing your expenses and aid including grants, scholarships and loans. This form can be requested from the Bursar's office. Scholarship determination will not be made until the student's financial statement has been received.**

I attest that the above information is accurate and that I am not receiving financial assistance from my employer in the form of tuition reimbursement or fee waiver.

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Signature

**Return application to:**

**Middletown Community Foundation  
36 Donham Plaza  
Middletown, Ohio 45042  
Telephone: (513) 424-7369  
FAX: (513) 424-7555**