

Scholarship Application

Joseph L. Wolcott Scholarship Fund

PNC Bank Building 405 Madison Avenue Suite 1470 Toledo, OH 43604

Email: info@wolcottscholarship.com

Phone: (419) 241-8042

The Joseph L. Wolcott Scholarship Fund was established by Mary Louise Wolcott as a perpetual memorial for her husband, a Toledo businessman who died in the year 1900. The Fund makes grants in the amount of \$2,000.00 to qualified graduates of Toledo Public Schools for full time undergraduate education at fully accredited colleges and universities. Disbursements are mailed to the college and applied directly toward student's account. The grant may be used toward tuition, books and fees. The grant may not be used toward room and board.

Application deadline is March 15 for the following academic year. Applications are accepted from high school seniors or college undergraduates. Approvals are based on merit and need.

In addition to a complete and timely application, each first-time applicant is required to file a FAFSA (Free Application for Federal Student Aid) and to provide a copy of the SAR (Student Aid Report) based on the FAFSA, two letters of recommendation, a high school transcript, and a college transcript if applicable. A personal interview is required for high school students.

Parents are not required to sign the application, unless the student is under the age of 18 at the time of applying.

The application, and filing instructions are available from your Guidance Counselor or through the Joseph L. Wolcott Scholarship Fund website (wolcottscholarship.com).

In addition to your application, we require the following:

1. Personal recommendations. Two recommendations are required, each from an adult Toledo resident who is not a relative. Guidance counselors, teachers, coaches and employers are examples.
2. High School or College transcript. Your guidance office will have your transcript sent directly to our office if you sign a request. We also will need a college transcript if you are not an entering freshman.
3. A photocopy of your SAR (Student Aid Report) is required showing the information that your college will use in determining your eligibility for financial aid. The SAR form will be sent to you if you file a FAFSA, the free federal form required by the U.S. Department of Education to determine federal aid eligibility. If you do not have your SAR by March 15, please submit all other documents so your application will not be late.

Complete this application in detail. If you do not know the amounts being charged for tuition and room and board, consult your counselor, the bursar of your college, or the internet. If you do not report your costs, we have no basis for a decision on your need. *Incomplete, inaccurate or unsigned applications may not be considered.*

Mail required documents to:

JOSEPH L. WOLCOTT SCHOLARSHIP FUND
405 MADISON AVENUE, SUITE 1470
TOLEDO, OH 43604

If you have any questions about the Fund or about your application, please phone this office at (419) 241-8042 or email us at info@wolcottscholarship.com.

Scholarship Application

Joseph L. Wolcott Scholarship Fund

Full Name: _____ Phone _____

Date and Place of Birth: _____ Email: _____

Permanent Street Address: _____

City, State, Zip: _____

(Please use address of parent/s to which mail may be sent with certainty of reaching you.)

Name of High School: _____ Date of Graduation: _____

Employment or Profession for which you are preparing yourself: _____

First choice college: _____ Beginning (month/year): _____

College credit hours you have earned: _____ Credit hours needed to graduate in your field: _____

For your convenience, the required interview can be conducted at your high school during your lunch or study hall in the guidance department. Students can also request to meet at our downtown office at 405 Madison Ave., Suite 1470. Please indicate preferences below. (First Time Applicants Only). You will receive an email confirming your interview. Please include your email on the application.

Location:(Name of High School) _____ Day of the week (M-F): _____

Time: _____

On the next page, please complete Expenses and Sources of Funds in accordance with the instructions. Your application cannot be considered without this information.

I certify to the correctness of the foregoing answers and of the Expenses and Sources of Funds provided. I promise to use the grant toward no other than the necessary expenses of continuing my education. I will answer all communications promptly and notify the Selection Committee of any change.

Applicant Signature: _____ Date: _____

APPLICATION DEADLINE FOR THE 2018/2019 SCHOOL YEAR IS MARCH 15, 2018.

Your Expenses and Sources of Funds

Joseph L. Wolcott Scholarship Fund

Instructions for Completing this Portion of your Application

College Students

If you currently are a full-time college student, please enter all your expenses for the current school year. Then enter all your sources of funds for the current school year showing how you are meeting all of your expenses. The totals of your expenses and your sources of funds *must* match.

College Students and Entering Freshmen

Enter your anticipated expenses for the next school year using published tuition costs for your college. Next estimate what you think will be your next year other expenses will be for the other categories listed. Finally, enter all estimated sources of funds for next year.

<u>EXPENSES</u>			<u>SOURCES OF FUNDS</u>		
	<u>Current Yr</u>	<u>Next Year</u>		<u>Current</u>	<u>Next Year</u>
Tuition/Fees	\$ _____	\$ _____	Advances from Parents	\$ _____	\$ _____
Room/Board	\$ _____	\$ _____	List Grants or Scholarships		
Book/Supplies	\$ _____	\$ _____	_____	\$ _____	\$ _____
Clothing	\$ _____	\$ _____	_____	\$ _____	\$ _____
Laundry	\$ _____	\$ _____	_____	\$ _____	\$ _____
Recreation	\$ _____	\$ _____	_____	\$ _____	\$ _____
Medical	\$ _____	\$ _____	<u>Earnings</u>		
Transportation	\$ _____	\$ _____	Vacations Savings	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____	School Term Net Income	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	Veterans Benefits	\$ _____	\$ _____
			Social Security Benefits	\$ _____	\$ _____
			Educational Loans	\$ _____	\$ _____
			Other Savings	\$ _____	\$ _____
			Other Sources (list)		
			_____	\$ _____	\$ _____
			_____	\$ _____	\$ _____
			TOTAL	\$ _____	\$ _____

PARENTS' STATEMENT

Name of Father: _____

Father's Street Address: _____

City, State, Zip Code: _____

Name of Mother: _____

Mother's Street Address: _____

City, State, Zip Code: _____

(If parents are not living, give name and address of nearest living relative and how related.)

Father's Occupation: _____

Father's Employer: _____

Length of employment: _____

Mother's Occupation: _____

Mother's Employer: _____

Length of Employment: _____

Parents' or Guardian's Marital Status: Married Divorced Separated Single
 Widowed Both Deceased

Name all children of Father and/or Mother and indicate status during 2018/2019 school year:

1. _____ Age _____ Dependent? _____ In College? _____

2. _____ Age _____ Dependent? _____ In College? _____

3. _____ Age _____ Dependent? _____ In College? _____

4. _____ Age _____ Dependent? _____ In College? _____

5. _____ Age _____ Dependent? _____ In College? _____

6. _____ Age _____ Dependent? _____ In College? _____

(List other children or dependents on an additional sheet of paper if necessary.)

We certify to the correctness of the answers given by us in the "Parents' Statement." **Father and Mother or Guardian must sign this application acknowledging the student's application for a grant.**

Father

Mother

Guardian