



## ***2008 Special Scholarship Application Instructions***

The Community Foundation of Mount Vernon & Knox County Special Scholarship Application is an Adobe Acrobat® (PDF) form which may be completed on screen and printed out for your signature. You will not be able to save your responses unless your computer is equipped with the full version of Adobe Acrobat software.

**NOTE: This form should be used only when applying for the following:**

- **Lillian C. Hickman Medical Scholarships.** Available to Knox County undergraduate or graduate medical or premedical students interested in family practice. Recipients may reapply for a scholarship annually. Awards are recommended to the Foundation board on a competitive basis by a special review committee which includes area physicians.
- **Wilbur F. Gaunder Engineering Scholarship.** Awarded annually to a Knox County student of sophomore standing or later enrolled at any four-year engineering college. Award is renewable as long as student remains in an undergraduate engineering school and maintains satisfactory grades. A new scholarship recipient is recommended to the Foundation board each year on a competitive basis by a special review committee which includes area engineers.
- **Dr. Clyde L. and Dora L. Purdy Veterinary Medicine Scholarships.** Available to Knox County students at the College of Veterinary Medicine at The Ohio State University. Recipients may reapply for the scholarship annually. Awards are recommended to the Foundation board on a competitive basis by the Distribution Committee of the Foundation.
- **Robert and Lorene Purdy Scholarships.** Available to adult Knox County residents who are attempting to obtain education to re-enter the workplace or retrain for a new field. Special emphasis is placed on individuals pursuing at least a degree in Licensed Practical Nursing. Awards are recommended to the Foundation board on a competitive basis by a special selection committee.

**INSTRUCTIONS FOR COMPLETING THE FORM USING THE PDF FORMAT.** Open the file using “Adobe Acrobat Reader” which is readily downloadable on-line, free of charge. After you have opened the file, you may either mouse-click in any field to type data, or you can use your tab key to move from one field to the next throughout the application form. Fields which require a check-mark can be so indicated either with a mouse click or by pressing the space bar. Click your mouse a second time, or hit the space bar again, to remove a check mark. You will not be able to tab or mouse click into any field which requires a signature. Please remember to add your signatures to the application after printing.

The completed application and all required attachments should be mailed directly to the Community Foundation of Mount Vernon & Knox County, One South Main Street, P.O. Box 1270, Mount Vernon, OH 43050 by the appropriate deadline.

Questions about this application may be directed to the Community Foundation at (740) 392-3270, or by e-mail at [sbarone@mvmkcfoundation.org](mailto:sbarone@mvmkcfoundation.org)



**SECTION 3. – BRIEFLY SUMMARIZE YOUR EXTRACURRICULAR OR COMMUNITY INVOLVEMENT**

**SECTION 4 – DESCRIBE ANY ACADEMIC OR EMPLOYMENT-RELATED HONORS YOU HAVE RECEIVED**

**SECTION 5 – PERSONAL STATEMENT**

**APPLICANTS SHOULD USE THIS SPACE TO DISCUSS ANY (OR ALL) OF THE FOLLOWING: ACADEMIC OR RESEARCH INTERESTS, PROFESSIONAL OBJECTIVES, RELEVANT WORK EXPERIENCE, OR EXTRAORDINARY CIRCUMSTANCES THAT CONTRIBUTE TO THE NEED FOR FINANCIAL AID.**

**SECTION 6 – EMPLOYMENT EXPERIENCE (LIST UP TO 4 JOBS AT WHICH YOU HAVE WORKED)**

**EMPLOYER NAME**

**DATES OF EMPLOYMENT**

**SUPERVISOR**

EMPLOYER NAME	DATES OF EMPLOYMENT	SUPERVISOR
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 7 – POST-SECONDARY FINANCING INFORMATION**

LIST ANY GRANTS AND/OR LOANS YOU HAVE ALREADY SECURED (include sources and dollar amounts)

_____	YEAR _____	AMOUNT \$ _____
_____	YEAR _____	AMOUNT \$ _____
_____	YEAR _____	AMOUNT \$ _____
_____	YEAR _____	AMOUNT \$ _____

LIST ADDITIONAL SOURCES OF FINANCIAL ASSISTANCE TO WHICH YOU HAVE APPLIED (or intend to apply)

\_\_\_\_\_

\_\_\_\_\_

**SECTION 8 – FAMILY AND INCOME DATA**

**COMPLETE EITHER SECTION A OR SECTION B.**

**A. IF YOU ARE CLAIMED BY YOUR PARENTS AS A DEPENDENT FOR INCOME TAX PURPOSES, STATE:**

FATHER'S OCCUPATION AND EMPLOYER \_\_\_\_\_

FATHER'S 2007 ADJUSTED GROSS INCOME (IRS FORM 1040, LINE 35 or 1040EZ, line 4) \$ \_\_\_\_\_

MOTHER'S OCCUPATION AND EMPLOYER \_\_\_\_\_

MOTHER'S 2007 ADJUSTED GROSS INCOME (IRS FORM 1040, LINE 35 or 1040EZ, line 4) \$ \_\_\_\_\_

NO. OF SIBLINGS: AT HOME \_\_\_\_\_ IN COLLEGE \_\_\_\_\_ LIVING INDEPENDENTLY \_\_\_\_\_

**B. IF YOU CLAIM YOURSELF FOR INCOME TAX PURPOSES, STATE:**

YOUR CURRENT OCCUPATION AND EMPLOYER \_\_\_\_\_

YOUR 2007 ADJUSTED GROSS INCOME (IRS FORM 1040, LINE 35 or 1040EZ, line 4) \$ \_\_\_\_\_

SPOUSE'S CURRENT OCCUPATION AND EMPLOYER \_\_\_\_\_

SPOUSE'S 2007 ADJUSTED GROSS INCOME (IRS FORM 1040, LINE 35 or 1040EZ, line 4) \$ \_\_\_\_\_

NO. OF FAMILY MEMBERS: LIVING AT HOME \_\_\_\_\_ IN COLLEGE (OTHER THAN YOURSELF) \_\_\_\_\_

**SECTION 9 – AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, born on \_\_\_\_\_, 19 \_\_\_\_\_, having filed an application for scholarship with the Community Foundation of Mount Vernon & Knox County (Foundation), hereby authorize and consent to having an investigation made as to my qualification for scholarship funds from the Foundation. I authorize the Foundation, or any of its employees or agents to seek any information which it may deem relevant from any personal references, any scholastic institutions I have attended and any other person, firm or institution which the Foundation may deem to have information relevant to obtaining information with regard to my application for scholarship. This authorization also permits any person, firm, company or other institution contacted by the Foundation to release the necessary information and to provide copies of any and all documents, records, or other information requested by the Foundation.

I hereby release, discharge and exonerate the Foundation, any of its members, and the First-Knox National Bank of Mount Vernon, Investment Manager of the Foundation, and any of its agents, representatives or employees and any person furnishing information requested with regard to my application for scholarship from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information of the investigation made by the Foundation.

SIGNED BY \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of applicant

If parent(s)' financial data has been reported in this application, their signature(s) is (are) also required.

SIGNED BY \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of parent

SIGNED BY \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of parent

**APPLICANT CERTIFICATION**

I hereby verify all of the information contained in this scholarship application, or attached hereto, is accurate.

SIGNED BY \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION DEADLINES**

Lillian C. Hickman Medical Scholarships, Wilbur F. Gaunder Engineering Scholarship, and Dr. Clyde L. and Dora L. Purdy Veterinary Medicine Scholarship application deadline is **April 30**. Scholarship awards will be announced by June 30.

Robert Purdy Scholarship application deadline for adult students enrolled in nursing programs (and other accredited retraining programs) is **JUNE 30**. Scholarship awards will be announced by **August 31**.