



2010 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



COMMUNITY FOUNDATION OF MOUNT VERNON & KNOX COUNTY

www.mvkcfoundation.org

2010 SPECIAL SCHOLARSHIPS APPLICATION

Please follow all instructions carefully as you proceed through the application process. Applicants are strongly advised to type responses, or to complete and print out the PDF Form version of this application on a computer. Questions may be addressed to the Community Foundation of Mount Vernon & Knox County (740-392-3270).

GENERAL SPECIAL SCHOLARSHIP PROGRAM REQUIREMENTS

1. Applicant must be a Knox County resident to be eligible for a scholarship.
2. Applicant must be planning to attend an accredited post-secondary educational institution.
3. The attached application form must be completed in its entirety.
4. The included "**Authorization and Release**" form must be signed by the applicant.
5. Include grade transcripts from all high schools, colleges and graduate schools attended (photocopies acceptable).
6. Obtain **one letter of recommendation**. Recommendation should be mailed directly to the Community Foundation. Hickman (Medical School), Gaunder (Engineering School) and Purdy (Veterinary Medical School) Scholarship applicants should request a recommendation from a faculty member in their area of professional study. Adults seeking financial assistance to enroll in an accredited nursing curriculum, or other retraining program (Robert and Lorene Purdy Scholarships), may submit a recommendation from an employer or other person qualified to assess applicant's character, and likelihood of success in a degree or certificate program.
7. Include a **wallet size photo**. The photo will not be shown to the selection committee, but may be used in a news release to the local media if the applicant becomes a scholarship recipient.
10. It is the responsibility of the applicant to secure all the above information and submit to the Community Foundation by the specific deadline date for each special scholarship award process.

SECTION 1. – PERSONAL DATA

NAME _____
Last First Middle

HOME ADDRESS (street or post office box) _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE _____ EMAIL _____ S.S. NO. _____

DATE OF BIRTH _____ CITIZENSHIP (if other than U.S.) _____

SECTION 2. – ACADEMIC DATA

HIGH SCHOOL FROM WHICH YOU GRADUATED _____

OTHER HIGH SCHOOL(S) ATTENDED (state dates) _____

STATE YOUR HOME SCHOOL DISTRICT IF YOU WERE OPEN ENROLLED _____

DATE YOU GRADUATED (or earned G.E.D.) _____ COURSE OF STUDY _____

COLLEGE YOU ARE CURRENTLY ATTENDING _____ OR...

COLLEGE OR TECHNICAL SCHOOL YOU SEEK TO ATTEND _____

DEGREE OR CERTIFICATE YOU ARE PURSUING _____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 2009 ADJUSTED GROSS INCOME (IRS FORM 1040, LINE 37 or 1040EZ, line 4) \$ _____

MOTHER'S OCCUPATION AND EMPLOYER _____

MOTHER'S 2009 ADJUSTED GROSS INCOME (IRS FORM 1040, LINE 37 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 2009 ADJUSTED GROSS INCOME (IRS FORM 1040, LINE 37 or 1040EZ, line 4) \$ _____

SPOUSE'S CURRENT OCCUPATION AND EMPLOYER _____

SPOUSE'S 2009 ADJUSTED GROSS INCOME (IRS FORM 1040, LINE 37 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**.