



**Ashland County
Community Foundation**
...for generations to come

OFFICE USE ONLY

Complete Incomplete

Comments:

ALTRUSA CLUB OF ASHLAND SCHOLARSHIP

Held by The Ashland County Community Foundation

The Altrusa Scholarship was originally started in the late 1950s to benefit students entering the nursing profession at Samaritan Hospital. Over the years, the amount of the scholarship was increased and was changed to include the non-traditional women of Ashland County in need of increasing their education to return to the workforce. This scholarship is now awarded annually through the Ashland County Community Foundation to a graduating student in Ashland County with a 2.5 to 3.0 GPA who has been accepted by an accredited two or four-year higher educational institution.

Eligibility Criteria:

- 1.) Graduating seniors of any Ashland County high school or 2.) Ashland County residents over the age of 24 entering college for the first time or starting again after not being enrolled for at least one year. (Continuing students are ineligible.)
- 2.5 - 3.0 GPA (GPAs outside this range are ineligible)
- Accepted to an accredited two or four-year institution

Please be sure the following materials accompany your application (in listed order). Do not send materials separately.

- Completed application form
- Essay (not more than 300 words) Describe your career goals.
- Student Aid Report (SAR) of the Free Application for Federal Student Aid (FAFSA)
- Transcript of grades

DEADLINE FOR APPLICATION: April 15

Send completed application to:
Altrusa Club of Ashland Scholarship
c/o Ashland County Community Foundation
300 College Avenue, Ashland, OH 44805

Please return all pages of application

Incomplete applications will not be reviewed.

Student Name (please print, if hand written)

Section 1 – Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
_____ City County State Zip

Phone: _____ Email: _____

Date of Birth: _____ Sex: Male Female US Citizen: Yes No

High School: _____ High School Graduation Date: _____

Section 2 – Family Information

Father **Stepfather** **Guardian**

Full Name: _____
Last First M.I.

Employer: _____ Occupation: _____

Address/Phone: Same as student Different than student (if different, please list below)

Address: _____
Street Address Apartment/Unit #
_____ City County State Zip

Home Phone: _____ Alternate Phone: _____

Mother **Stepmother** **Guardian**

Full Name: _____
Last First M.I.

Employer: _____ Occupation: _____

Address/Phone: Same as student Different than student (if different, please list below)

Address: _____
Street Address Apartment/Unit #
_____ City County State Zip

Home Phone: _____ Alternate Phone: _____

1. Check if applicable: Father deceased Mother deceased Parents divorced

2. Are you the first in your family to attend college? Yes No

3. List names, ages and educational levels of siblings for next school year:

Name	Age	Grade/Highest Educational Level Achieved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 3 – Post-Secondary Information

- 1. If already attending college, please provide an official college transcript.
- 2. List, in order of preference, the schools to which you have formally applied.
- 3. Circle the school you have selected to attend (if any).

<u>School</u>	<u>Acceptance Status</u>		
1. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
2. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
3. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending

Year in college (upcoming school year): Freshman Sophomore Junior Senior Post-Graduate

Major field of study: _____

Minor field of study: _____

Expected college graduation date: _____

Section 4 – Education Financing REQUIRED

Please provide Education Financing information for your chosen school, or for your first choice of school.

School: _____

Expected annual tuition: _____

Expected annual room and board: _____

Expected annual cost for textbooks and supplies: _____

Are you financing your own education? Yes No Partial

If no or partial, who is helping to finance your education? _____

How much of your education are they supporting (percentage or dollar figure)? _____

Please list any financial aid of which you are currently aware. (How much per year?)

Grants: \$ _____ Scholarships \$ _____ Loans \$ _____

Other comments, if any: _____

Section 5 – Unusual Circumstances

Please list any unusual circumstances, financial or otherwise, that should be considered:

Section 6 – Applicant Certification

I have reviewed, understand and meet the eligibility criteria for this scholarship. I certify that I have applied to and/or been accepted by an accredited institution of higher education and will be enrolled full-time. I certify that the information on this form is true, correct and complete to the best of my knowledge.

Signature: _____

Date: ____/____/____



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EVALUATION INSTRUMENT

Applicant Name: _____

Award Year: _____

SERVICE TO COMMUNITY: (30 points) _____

EXTRACURRICULAR ACTIVITIES/WORK EXPERIENCE (20 points) _____

LEADERSHIP & RESPONSIBILITY: (20 points) _____

FINANCIAL NEED: (20 points) _____

COMMUNICATION SKILLS: (10 points) _____

POINTS TOTAL 100	_____
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