



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

OFFICE USE ONLY

Complete  Incomplete

Comments:

## ELIZABETH KAUFFMAN BAKER SCHOLARSHIP ENGINEERING FIELD PREFERRED

Held by The Ashland County Community Foundation

This Scholarship is a one-year gift to be given to the student selected by the Scholarship Committee, under the condition that the student, after an enrollment period of ninety (90) days, is in good standing with the chosen college or university. A certificate will be given to the student at Senior Night. Engineering is preferred, but not required.

### Eligibility Criteria:

- Graduating seniors of Loudonville High School
- Engineering major preferred
- 3.25 GPA or above
- Accepted to an accredited 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) Why do you desire to continue your education and why do you want this scholarship?
- Two letters of recommendation (phone numbers acceptable)
- 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:**

Loudonville High School  
Guidance Office

*Please return all pages of application*

**Incomplete applications will not be reviewed.**

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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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**ELIZABETH KAUFFMAN BAKER SCHOLARSHIP**

**EVALUATION INSTRUMENT**

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

Award Year: \_\_\_\_\_

FINANCIAL NEED: (50 points) \_\_\_\_\_

ACADEMIC ACHIEVEMENT: (50 points) \_\_\_\_\_

**POINTS TOTAL 100** \_\_\_\_\_