



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

OFFICE USE ONLY

Complete Incomplete

Comments:

EARL & MARY WOLFE MEMORIAL SCHOLARSHIP FOR MATHEMATICS OR RELATED FIELD

Held by The Ashland County Community Foundation

Earl Wolfe was an Ohio educator for 47 years. He taught math and history. He also served as principal of Ashland Junior High School, which he organized. Mr. Wolfe and his wife, Mary McHorter Wolfe, had two daughters, Mary Ellen and Francis. This scholarship was created by the estate of Francis B. Wolfe in honor of her mother and father. This scholarship is intended to assist a graduating Ashland High School student pursuing a degree in mathematics or a closely allied field of study.

SCHOLARSHIP IS RENEWABLE FOR THREE YEARS PROVIDED RECIPIENT VALIDATES FULL-TIME ENROLLMENT AND GOOD ACADEMIC STANDING EACH YEAR.

Eligibility Criteria:

- Graduating seniors of Ashland High School
- Mathematics or related major preferred
- 3.0 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
- Transcript of grades

DEADLINE FOR APPLICATION: April 15

Send completed application to:

Ashland High School
Guidance Counselor

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: _____

EXTRACURRICULAR ACTIVITIES/WORK EXPERIENCE: (33.33 points) _____

LEADERSHIP & RESPONSIBILITY: (33.33 points) _____

UNUSUAL CIRCUMSTANCES: (33.33 points) _____

POINTS TOTAL 100 _____