



300 NORTH MAIN STREET, SUITE 300
MIDDLETOWN, OHIO 45042

NON-TRADITIONAL ADULT SCHOLARSHIP APPLICATION

PLEASE TYPE APPLICATION

Application due December 1 for spring semester and July 1 for fall semester

Please check here if you are a previous MCF Adult Scholarship Recipient applying for renewal.

Please verify your qualifications:

- I am presently attending or will be attending an accredited technical school, college, or university.
- I am at least 25 years of age.
- My educational expenses are not being reimbursed by my employer.

Date of Application:		Date of Birth:	
		Soc. Sec. No.	
Name:			
Address:		City, State, Zip:	
Phone Number & E-mail Address:			
Please check the school from which you graduated or received a high school equivalency diploma: <input type="checkbox"/> Bishop Fenwick <input type="checkbox"/> Butler Tech <input type="checkbox"/> Edgewood <input type="checkbox"/> Franklin <input type="checkbox"/> Madison <input type="checkbox"/> Monroe <input type="checkbox"/> Middletown <input type="checkbox"/> Middletown Christian <input type="checkbox"/> I attended a high school outside of this area but presently reside in the school district circled above.			
College/university/trade school attending:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Major (and minor, if applicable):		<u>If presently in school</u> Most recent semester GPA: Cumulative GPA:	
Degree sought:		Anticipated date to receive degree:	

Highest educational level attained:

Courses completed toward major (attach additional sheet if necessary)

<u>Class</u>	<u>Grade Achieved</u>	<u>Class</u>	<u>Grade Achieved</u>

Why did you choose your major? What are your career plans?

In what activities have you participated following high school which will help you reach your professional goals (this may include work experience, volunteer time, membership in professional organizations, internships, etc.)?

Please describe any extenuating circumstances that have impacted your ability to be involved in outside activities or which have created a financial burden that could affect your education.

Why have you decided to return to school?

THE COST OF COLLEGE

Annual tuition: \$ _____
Annual board & room: \$ _____
Books and fees: \$ _____

PLEASE ENTER TOTAL \$ _____

Where do/will you reside once in school?

On campus Off campus

Annual income of your family:
Your Gross Income last year \$ _____
Spouse's Gross Income last year \$ _____
Total gross income: \$ _____

Total size of the your household during the current school year (if applicable, please include student named on this form, your children, spouse, and others in the home).

Number of adults over 18 _____

Number of children 18 and under _____

Total Number of Residents in Household _____

Family members currently enrolled in college:

Name _____ Institution Attending _____
Hours this term: _____

Name _____ Institution Attending _____
Hours this term: _____

Please describe your current ties to the greater Middletown area:

I attest that the information contained on this application is complete and accurate to the best of my knowledge. I hereby authorize _____ (name of institution of higher learning) to release information regarding my academic standing and financial assistance to Middletown Community Foundation if requested.

Signature

Date

You must attach your resume, a copy of your most recent grade report (it need not be an *official* transcript) if presently in school, a copy of your financial aid form from the school showing financial aid you are receiving, a copy of your registration confirmation for the current or upcoming semester, and two letters of recommendation.

Print out the application and return it to:

**Middletown Community Foundation
300 North Main Street
Suite 300
Middletown OH 45042**

Tel: 513 – 424-7369 - - - - - www.mcfoundation.org