OTTAWA COUNTY COMMUNITY FOUNDATION

Donald and Joan Loeffler Second Chance Scholarship

PURPOSE:
To provide educational scholarships for adults who desire to further their education to obtain or continue employment. Training may include coursework to acquire new job skills, update/renew job skills, or train/re-train for a new career.

QUALIFICATIONS FOR ELIGIBILITY:
1. Current resident of Ottawa County, Ohio.
2. Applicant should be over age 18.

HOW TO APPLY:
1. Complete the scholarship application form below.
2. Mail all application materials to: Dave Slosser, Scholarship Chairman, 4411 East Harbor’s Edge Dr., Port Clinton, OH 43452. Do not bind or staple the application. Direct questions to Dave Slosser at 419-271-2752 or slloss@cros.net.

Application

1. Name of Applicant____________________________________________________________
   (Last)                                          (First)                                               (MI)

2. Home Address ________________________________________________________________
   (City)____________________________________(State) ___________ (Zip)_____________

3. E-mail________________________  Cell (     )___________ Home Phone (     )___________

4. Date of High School graduation or GED completion________________________

5. List any advanced schooling you have received:

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6. School/college you plan to attend:______________________________

7. Identify the program of study, course work or training program in which you will enroll:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Please explain why you are interested in pursuing this training/course work: __________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Explain why you feel you deserve this scholarship: ____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I hereby certify that the information provided on this application is true and correct. I agree, if requested, to provide the Ottawa County Community Foundation with any additional information needed to determine my qualifications for this scholarship. If I become a scholarship recipient, and if requested by the Ottawa County Community Foundation, I agree to furnish reports which can be used to determine my academic progress and use of scholarship funds. Also, I give my permission to Ottawa County Community Foundation, Inc. to release any pertinent information for publicity purposes.

Applicant Signature ________________________________________     Date ______________

Thanks for taking the time to complete this scholarship application. Good Luck.

10/2016