



4510 Collins Boulevard, Suite 6
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www.ashtabulafoundation.org

EDWARD J. HARVEY SCHOLARSHIP FUND

PURPOSE

“To help deserving young people to acquire an education that will enable them to become self-supporting, useful citizens.”

ELIGIBILITY

Any person with a legal residence in Ashtabula County as determined by post office address and who will be graduating from a high school in Ashtabula County is eligible to apply for this scholarship. An applicant must be planning to attend any higher education institution on a full-time basis. An institution must be accredited by a regional accrediting association.

STANDARDS

Preferences will be given to students showing financial need and satisfactory academic achievement or ability (GPA of 2.5 or above). The following rubric has been selected as a guideline in the selection process:

GPA	25 points
ACT/SAT Scores	15 points
Income/Financial Need	25 points
Essay	10 points
Outside Activities	<u>25 points</u>
Total	100 points

Scholarship recipients will become ineligible for future grants if placed on probation for more than one term consecutively.

GRANTS

Scholarships will be awarded for tuition and fee costs, granted proportionately to the institution's terms. The number of awards each year is contingent upon the number of continuing student awards. Numbers of scholarships may vary if funds available increase or decrease.

Scholarships are renewable for up to four years for undergraduate degrees. **It is the responsibility of the recipient to formally request renewal each semester by submission of both a current transcript and college tuition statement. These documents must be received on or before January 15th and August 15th. Failure to meet these timelines will null and void the payment of the scholarship.** Checks will be sent to the recipient, payable to the recipient.

*** Please note there is a two-week processing period for the issuance of checks.**

APPLICATION

Forms are available at all Ashtabula County High School Guidance offices, as well as The Ashtabula Foundation, 4510 Collins Boulevard, Suite 6, Ashtabula, Ohio 44004, Phone (440) 992-6818. Applications are also available for download at ashtabulafoundation.org. Individuals must submit a completed application along with a copy of your signed high school transcript, a copy of the FAFSA (Free Application for Federal Student Aid) form, and/or a copy of your SAR (Student Aid Report), and a 500-word essay directly to the *Edward J. Harvey Scholarship Fund Committee, c/o The Ashtabula Foundation, 4510 Collins Boulevard, Suite 6, Ashtabula, Ohio 44004*, postmarked by **the last business day in March**. Awards will be made no later than the end of May.

THIS SECTION TO BE COMPLETED BY APPLICANT

PRINT OR TYPE

Date _____

Name _____

Last

First

Middle

Home Address _____

Street

City

State

Zip

Telephone Number _____ E-mail: _____

High School Attending _____

**THIS SECTION TO BE COMPLETED BY
HIGH SCHOOL GUIDANCE COUNSELOR**

Grade Point Average _____ Rank in Class _____

ACT Score _____ *and/or* Composite SAT Scores _____

Guidance Counselor Signature _____

I hereby declare that, to the best of my knowledge and belief, the information in this application is correct.

Date _____ Applicant _____
(Signature)

Date _____ Parent or Guardian _____
(Signature)

THIS SECTION TO BE COMPLETED BY APPLICANT

College in which you plan to enroll or are enrolled:

_____ *Name*

_____ *City* *State* *Zip*

Date of entry into school (approximate) _____

Course of study to be followed _____

Have you applied for or received any other grants or scholarships? (O.I.G.; Pell Grant, for example)
_____ Yes _____ No

If yes, from whom and amount _____

Are you entitled to any government educational benefits? _____ Yes _____ No

If yes, from whom and amount _____

ESTIMATED BUDGET FOR 20_____ - 20_____ ACADEMIC YEAR

ESTIMATED EXPENSES:

University Fees	\$ _____	Savings to be used	\$ _____
Room and Board	\$ _____	Prospective Earnings	\$ _____
Books and Supplies	\$ _____	Aid from Parents	\$ _____
Traveling Expenses	\$ _____	Aid from Other Sources	\$ _____
Total A	\$ _____	Total B	\$ _____

TOTAL A MINUS TOTAL B = AMOUNT NEEDED \$ _____

**FAMILY INCOME STATEMENT
TO BE COMPLETED BY PARENT OR GUARDIAN**

This information is used to select grantees on an equitable basis. All information will be held in strict confidence. NO unauthorized persons will have access to this document.

Salary, wages, and income from business, if self-employed, before taxes but minus business expenses listed on federal income tax return (use 1040 EZ, Line 4 or 1040, Line 31, or 1040A, Line 16 from tax return) \$ _____

Income earned by father, stepfather, legal guardian (*circle one*) \$ _____

Employer _____

Income earned by mother, stepmother, legal guardian (*circle one*) \$ _____

Employer _____

UNEARNED INCOME:

Income from retirement, income from government agencies such as Veteran's benefits, social security benefits, welfare benefits, etc. \$ _____

Parents' Savings \$ _____

Student's Savings \$ _____

Number of children claimed on tax exemptions. If you do not file a Federal income tax statement, number of dependent children of the parents. _____

