PAUL AND SANDY OBERMILLER
SCHOLARSHIP APPLICATION FORM
Due April 1st

This scholarship is available to a Norwayne High School senior with a minimum grade point average of 2.50 on a 4.00 scale. Applicant must demonstrate moral and ethical character. First preference shall be granted to those with a demonstrated financial need. Awards will be made to an applicant meeting the criteria above who meet one of the following categories: 1) an applicant who plans to attend a vocational or technical institution and 2) an applicant who will be attending a 4-year college or university.

Please print or type
Name of Student ___________________________
Address _____________________________________________________________________________
City/State/Zip Code_____________________________________________________________________
Telephone _________________________ Email Address____________________________________
High School __________________________________________________________________________
College ______________________________________________________________________________
Planned Major_______________________________________________________________________________
Will you be attending college full-time? _________________________________________________
Parent(s) Name(s)______________________________________________________________________

FINANCIAL INFORMATION:
1. Father’s employer and position__________________________________________________________
2. Mother’s employer and position________________________________________________________
3. Student’s employer and position_________________________ Hours per Week________
4. Adjusted gross annual family income: IRS Form 1040 (line 37) _____________; IRS Form 1040A (line 21) ___________; IRS Form 1040EZ (line 4) _____________
5. Number and ages of other dependent children _____________________________________________
6. Number of other family members currently attending college_______________________________
7. Estimated market value of parents’ assets (including cash, investments, savings/checking accounts, money market accounts, real estate) _______________________________________________________
8. Estimated market value of student’s assets______________________________________________
9. Are there any special circumstances, other than family income, that should be considered in evaluating your application (family debts, loss of income, illness, etc.)? If so, please explain__________________________

_________________________________________
10. Have you been notified, or do you anticipate notification, of any scholarships or financial aid awards for the coming academic year? Please list and include the amount.

_________________________________________________________________________________

ALSO INCLUDE:

- An essay not to exceed 300 words stating why you feel you should be considered for the scholarship.
- A current high school transcript.

SIGNATURES:
We hereby certify that all information in this application is accurate.

________________________________________  _______________________________________
Signature of Student                          Signature of Parent/Guardian

Return completed application packet to your counselor by April 1st.

Note: If you are a recipient of this scholarship, through the Wayne County Community Foundation, all monetary awards will be made payable to your account at the post-secondary school you will be or are attending. Unless otherwise stated, checks will be issued in July, prior to the new school year. No checks will be awarded directly to any individuals.