

TUITION and COST OF ATTENDANCE

Estimated expenses associated with the pursuit of your education: (circle one) Per Semester per Quarter per Year

Tuition and Fees: \$ _____ Books: \$ _____

What other Grants or Scholarships are you receiving or expect to receive toward your tuition costs:

EDUCATION:

High School Attended: _____

Year Graduated: _____ High School GPA: _____

I am currently/will be attending:

Post-Secondary School (College, University or Career Technical School):

School Address: _____

Telephone Number: (include area code) _____

Major or Course of Study: _____ Current GPA (if already attended): _____

ADDITIONAL INFORMATION:

Please attach a typewritten essay describing all of the following:

- ❖ Your educational and career goals;
- ❖ Any financial hardships or difficulties that should be considered (such as child care, transportation, high living expenses, medical bills, etc.);
- ❖ Why you feel you are deserving of this scholarship.
- ❖ How you plan to use your course of study to pursue a career in your field.

LETTERS OF RECOMMENDATION:

Please enclose **three professional letters of recommendation** from former teachers, school officials, social workers, employers, or other persons not related to you. Letters of recommendation must be written on letterhead, include the individual's name, address, and phone number, and must be signed, dated, and returned directly to you for inclusion with this application. It is recommended that these people be from different aspects of your life and include, at least, the following: length of time they have known you, how they know you, what they know about you with regards to your background, character, worthiness as a potential recipient, and any other pertinent information having to do with your application with the Ashtabula County Safety Council.

PLEASE COMPLETE AND SIGN

- I understand that this application will not be considered for review unless I enclose all requested materials, the application signed, dated, and delivered or received in the ACSC Office no later than **March 14, 2019**.
- I hereby acknowledge the information included in this application packet is true and complete to the best of my knowledge.
- I also understand applications will be held confidential, but no application material will be returned.
- Should I be selected as an ACSC Scholarship recipient, I agree to have my name used in publicity by ACSC.
- I understand that due to funding limitations, not every eligible application will receive an award.
- Incomplete or late applications may not be considered.
- The scholarship check will be given to the scholarship recipient.
- Scholarship recipients will be notified by a member of the ACSC Scholarship Committee.

My signature certifies that I have read, understand, and agree to the terms and conditions of this application.

SIGNATURE _____

DATE _____