

17. What degree or certification do you expect to receive? _____

18. List financial aid sources:

Source	Type	Amount
Grants		\$
Scholarships		\$
Loans		\$
Trust funds		\$
Tuition Reimbursement		\$
Student's contribution		\$
Parent's contribution		\$

19. Confirmed scholarships and/or financial aid \$ _____

20. Balance needed \$ _____

21. Letter of Recommendation from supervisor, teacher or guidance counselor.

22. Essay: Why are you applying?
Why are you deserving?
What are your goals? (long and short term)

23. Please include a picture with this application.

I understand that the scholarship awards are subject to review and that they may be reduced or eliminated if I obtain other awards or aid. I agree to notify the Fairfield County Foundation immediately of the receipt of any other financial aid or circumstances that may affect my financial need.

Signature _____ Date _____

I certify that the information on this form is true and complete to the best of my knowledge.

Applicant's Signature

Date

DEADLINE APRIL 1, 2010

IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR APPLICATION IS COMPLETE.

INCOMPLETE APPLICATIONS NOT BE CONSIDERED.

Please mail to:
Fairfield County Foundation
162 E. Main Street
P.O. Box 159
Lancaster, Ohio 43130
Phone (740) 654-8451 Fax (740) 654-3971
www.fairfieldcountyfoundation.org