



CINCINNATI SCHOLARSHIP FOUNDATION

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CFOP APPLICATION FOR COLLEGE SCHOLARSHIP

APPLICATION DEADLINE: APRIL 3, 2017

INSTRUCTIONS FOR FILLING OUT NON-FILLABLE AREAS: CLICK ON THE "FILL & SIGN" AND THEN CLICK IN EACH BOX TO TYPE ANSWER. CLICK IN BOX AND TYPE "X". PRINT & SIGN APPLICATION AFTER FILLING OUT.

Please check which year you will enter this fall? [] FRESHMAN [] SOPHOMORE [] JUNIOR [] SENIOR

Do you have a degree? If yes, please indicate which? [] Associates [] Bachelors [] Graduate Major: []

Have you ever applied to the Cincinnati Scholarship Foundation before? [] YES [] NO

NAME: [] SS# []

HOME ADDRESS: [] CITY: [] STATE: [] ZIP: []

COUNTY: [] PHONE: [] DATE OF BIRTH: []

E-MAIL: []

The Cincinnati Scholarship Foundation administers some scholarships that are restricted to members of a certain ethnic background or gender. While you are not required to supply this information, it may be to your advantage to do so.

RACE: White [] African Amer. [] Asian [] Appalachian [] Hispanic [] GENDER: Male [] Female []

COLLEGES APPLIED TO OR COLLEGES ATTENDING:

Table with 2 columns: HOME/CAMPUS, HOME/CAMPUS. Rows for 1st CHOICE, 2nd CHOICE, 3rd CHOICE, 4th CHOICE.

HIGH SCHOOL ATTENDED: [] DATE OF H.S. GRADUATION OR GED: []

ELEMENTARY SCHOOL ATTENDED: [] MIDDLE/JR. HIGH SCHOOL: []

INTENDED MAJOR (IF UNCERTAIN, PUT UNDECIDED): []

HAS ANYONE IN YOUR IMMEDIATE FAMILY EVER ATTENDED COLLEGE? YES [] NO []

HIGH SCHOOL AND/OR COLLEGE EXPERIENCE:

EMPLOYMENT (Give name of employer, hours/week, and years you worked):
SCHOOL ACTIVITIES/What years?
COMMUNITY ACTIVITIES/What years?

DEPENDENT STUDENT FINANCIAL INFORMATION

This page must be filled out entirely and include information on parent(s), step parent(s), or guardian(s), and student.

LIVING?

FATHER'S NAME:	<input type="text"/>	AGE	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
MOTHER'S NAME:	<input type="text"/>	AGE	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
STEP PARENT'S NAME:	<input type="text"/>	AGE	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LEGAL GUARDIAN'S NAME:	<input type="text"/>	AGE	<input type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

IS THIS A SINGLE PARENT HOUSEHOLD? YES NO

2011 ANNUAL INCOME (as entered on FAF or FAFSA):

Father's or Step Father's Income	<input type="text"/>	\$	<input type="text"/>
Place of Employment	<input type="text"/>		
Mother's or Step Mothers Income		\$	<input type="text"/>
Place of Employment	<input type="text"/>		
Legal Guardian's Income		\$	<input type="text"/>
Place of Employment	<input type="text"/>		
Your Income		\$	<input type="text"/>
Place of Employment	<input type="text"/>		
Social Security:			
Other members of family total.....		\$	<input type="text"/>
Your total (what month will it end).	<input type="text"/>	\$	<input type="text"/>
ADC or Public Assistance.....		\$	<input type="text"/>
Worker's Compensation (what month will it end)	<input type="text"/>	\$	<input type="text"/>
Child Support:			
- Court determined amount	<input type="text"/>	\$	<input type="text"/>
- Actual amount received		\$	<input type="text"/>
Pensions		\$	<input type="text"/>
Unemployment Benefits		\$	<input type="text"/>
Other income (from rentals, interest, dividends, inheritance).....		\$	<input type="text"/>
TOTAL YEARLY INCOME		\$	<input type="text"/>
SAVINGS ACCOUNT TOTALS.....		\$	<input type="text"/>

TO BE CONSIDERED FOR SCHOLARSHIP THE INFORMATION BELOW MUST BE FILLED OUT ENTIRELY

(put n/a for areas that do not apply)

Number of children living at home (including applicant)

Ages

Number of family members attending college in the fall:

Do applicant's parents own their own home?

YES

NO

Purchase Price:

\$

Year Purchased

What is owed on it?

\$

Current Value

\$

Other real estate?

\$

Current Value

\$

Please explain additional financial hardships below or on an attached letter.

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

FAF NEED EVALUATION RELEASE

We authorize the college/university to release to the Cincinnati Scholarship Foundation any financial aid information that may be required in determining scholarship eligibility.

Parent

Applicant

HIGH SCHOOL RECORD RELEASE

We authorize the high school counselor or other high school personnel to release to the Cincinnati Scholarship Foundation records such as transcripts, class rank, test results and any other pertinent information that might be required in determining scholarship eligibility.

Parent

Applicant

PARENT/STUDENT RESPONSIBILITY AGREEMENT

Please read and initial:

Applicant/Parent Initials

We have read the letter to the applicant (cover letter)

We understand that applications postmarked later than April 9, 2014 will not be considered.

We understand that applications may be submitted without the financial aid award letter and EFC found on the SAR in order to satisfy the deadline, but will not be considered complete without those documents.

We understand that substantial scholarships received (other than state and federal grants and awards through the financial aid office) must be reported to the Cincinnati Scholarship Foundation.

If an award is made and we are able to make a contribution in the future so that other students may benefit, we will do so.

I authorize the Cincinnati Scholarship Foundation to share the information on my scholarship application with other foundations looking for prospective recipients.

The Cincinnati Scholarship Foundation administers approximately 100 different scholarships, some of which may require an interview. Are you willing to be interviewed so that you may be considered for all scholarship funds?

YES _____ NO _____