

# Kosier Family Foundation

1520 Sheridan Dr. Lancaster, Ohio 43130 Phone 740-653-2220

*The Kosier Family Foundation provides up to a \$1,000 scholarship to selected graduates of Newton High School to further their post-high school education in any accredited college, trade/vocational or nursing/health related facility or Medical School or Graduate Level University*

## SCHOLARSHIP APPLICATION

*(Please type or print clearly in ink)*

Name \_\_\_\_\_

Address of Applicant \_\_\_\_\_ County \_\_\_\_\_ Phone (    ) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Graduate of \_\_\_\_\_ School Graduation Date \_\_\_\_\_ Sex M or I

ACT Scores \_\_\_\_\_ SAT Scores \_\_\_\_\_

Eng / Math / Science / Reading / Composite

Verbal / Math

High School, College or Post-High School GPA at end of previous grade period: \_\_\_\_\_ Counselor's Initials: \_\_\_\_\_

Extra Curricular/School Activities/Community Service:

<u>Year(s)</u>	<u>Organization</u>	<u>Office(s) Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Applicant Name \_\_\_\_\_

**Continuing Education Plans**

Plans for enrollment in an accredited college, university, trade/vocational or nursing/health related facility or Medical or Graduate School

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Have you been granted scholarship aid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_

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What are your plans upon completion of your post high school education? Do you plan to return to Miami County?

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Check One: Two-Parent Household \_\_\_\_\_ Single Parent Household \_\_\_\_\_ Self-Supporting \_\_\_\_\_

Income Level: Both Father & Mother's Income, Self-Supporting Applicant include spouse, if married

\_\_\_\_\_ Below \$10,000                  \_\_\_\_\_ \$10,000-19,999                  \_\_\_\_\_ \$20,000-39,999  
\_\_\_\_\_ \$40,000-59,999                  \_\_\_\_\_ \$60,000-79,999                  \_\_\_\_\_ \$80,000 and over

Father/Spouse's/Self Employer (circle one) \_\_\_\_\_ Address \_\_\_\_\_

Mother/Spouse's/Self Employer (circle one) \_\_\_\_\_ Address \_\_\_\_\_

Number of Siblings or Children \_\_\_\_\_ Ages \_\_\_\_\_

Number of Siblings or Children in College \_\_\_\_\_ Name of College(s) \_\_\_\_\_

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include a copy of your U.S. or state income tax form. If you purposely give false or misleading information, you will be disqualified.

Date: \_\_\_\_\_ Signed \_\_\_\_\_  
by \_\_\_\_\_ (Applicant)

Date: \_\_\_\_\_ Signed \_\_\_\_\_  
by \_\_\_\_\_ (Mother/Stepmother)  
if applicable

Date: \_\_\_\_\_ Signed \_\_\_\_\_  
by \_\_\_\_\_ (Father/Stepfather)  
if applicable

Please return this two page completed application and any attachments (make certain your name appears on all pages) to:  
Kosier Family Foundation 1520 Sheridan Dr. Lancaster, Ohio 43130 Deadline: December 31, of the current year.