

THE DENNIS AND SARA TRACHSEL FOUNDATION

2019 SCHOLARSHIP APPLICATION

The Dennis and Sara Trachsel Foundation was created by the late Dennis L. Trachsel, a Marion businessman and real estate developer. This Scholarship provides funds for students who would not otherwise have the means to continue their education, and to supplement any other scholarships, grants or aid received by a student. This scholarship, subject to the requirements set forth in this Application and scholarship acceptance documents, is not solely based upon academic record.

Scholarships shall be available to students who desire to attend any accredited college or university offering associate and bachelor degree programs, technical or trade schools beginning with the 2019 fall term. This scholarship is designed for students pursuing a traditional academic experience, and is not available to be used to receive course credits from institutions primarily offering online educational services. Students who receive a scholarship shall be eligible to have up to \$10,000.00 per academic year paid toward their education costs during the standard period required to obtain a degree; not to exceed two (2) continuous academic years for an associate's degree, and four (4) continuous academic years for a bachelor's degree. All scholarship funds will be paid directly to the educational institution.

Scholarships are available to students who receive a high school diploma during the current regular school term, from high schools located in Marion County, being: Elgin, Marion Harding, Pleasant, Ridgedale, River Valley and Tri-Rivers Career Center. Tri-Rivers students whose home high school is located outside of Marion County shall be eligible to apply. At the time of graduation the student must have continually attended one or more of these schools during the preceding academic school year.

The number of scholarships offered this year shall be dependent on Foundation earnings and other Foundation commitments. All scholarships granted, including but not limited to, the apportionment of scholarships between schools shall be determined at the sole discretion of the Trustees of the Foundation. Scholarships shall be determined without regard to the applicant's race, color, creed, religion, gender identity or expression, sexual orientation, national origin, disability, age or status as a protected veteran.

Please note, that in order for your Application to be considered, it must be submitted to your high school guidance counselor, along with the attached Teacher/Guidance Counselor Recommendation Form, no later than MARCH 25, 2019. Please be sure to tell your school guidance counselor to forward this Application to Kevin R. Hall, Trustee, 355 East Center Street, Marion, Ohio 43302.

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Revised 01/19

Student Information:

Name: _____ Male/Female
(Last) (First) (Middle) (Circle)

Date of Birth: _____ Social Security Number: _____
(Month/Day/Year)

Marital Status: Married/Single Number of Dependent Children: _____
(Circle)

Residence Address: _____

Home Telephone: _____ Cell: _____

Name of Residence Relative: _____

(Last) (First) (Middle)

(Last) (First) (Middle)

Number/Ages of Siblings/Minors Residing in Same Residence: _____ / _____
(Total Number) /Ages

Siblings Attending College: _____
(Sibling Name and College)

Financial Information:

Student:

Present Employer: _____ Monthly Gross Wage: _____

Other Income (i.e., Annuities, Interest Income, Social Security):

_____ Monthly Amount: _____

_____ Monthly Amount: _____

_____ Monthly Amount: _____

Student Total Assets (List Savings, Checking Accts., Vehicles, etc.):

_____ Value: _____

_____ Value: _____

_____ Value: _____

Student's Liabilities (List Loans, Debts, etc.):

_____ Amount: _____

_____ Amount: _____

_____ Amount: _____

Other Scholarships, Grants, Aid, or Loans Applied for or Received:

Resident Parent/Relative Information:

Parent/Relative's Employer: _____ Monthly Gross Wage: _____

Spouse's Employer: _____ Monthly Gross Wage: _____

Other Income (i.e., Annuities, Interest Income, Rental, Social Security):

_____ Monthly Amount: _____

_____ Monthly Amount: _____

_____ Monthly Amount: _____

Relative's Total Assets (List Savings, Checking Accts., Vehicles, Real Estate etc.):

_____ Value: _____

_____ Value: _____

_____ Value: _____

Relative's Liabilities (List Loans, Debts, Mortgages, etc.):

_____ Amount: _____

_____ Amount: _____

_____ Amount: _____

_____ Amount: _____

_____ Amount: _____

Other Circumstances that Affect Your Financial Situation:

Academic Information:

High School: _____ Class Number Rank: _____ out of _____
(Name of High School) (Rank) (Class Number Total)

Cumulative High School Grade Point Average (9th thru 12th Grade): _____
based on a ___ 4.0 Scale ___ 6.0 weighted scale (Check Appropriate Scale)

Extracurricular Activities: _____

Educational Institution and Desired Degree Program: _____

Previous Employment Experience: _____

Student Estimated Expenses for Next School Term:

Estimated Expenses

Estimated Resources

Tuition \$ _____
Other Fees _____
Room Rent _____
Board _____
Books & Supplies _____
Clothing _____
Cleaning, Laundry _____
Recreation _____
Travel (non-commuters) _____
Lunches & Travel Expense
(Commuting students only) _____
Other expenses _____
Total Expenses \$ _____

Savings (to be used during
current year) \$ _____
Vacation earnings _____
Academic Year Earnings
after deductions:
Self _____
Spouse _____
Aid from Parents _____
Aid from Relatives _____
Veterans Benefits _____
Grants _____
Social Security _____
Other Sources _____
Total Resources \$ _____

Amount needed to balance \$ _____

On the attached blank page, please provide a brief statement pertaining to your background, overall goals and ambitions, and any other information that you may believe is relevant to the consideration of this Application.

Please remember, that in order for your Application to be considered, it must be submitted to your high school guidance counselor, along with the attached Teacher/Guidance Counselor Recommendation Form, no later than MARCH 25, 2019. Along with your application please submit copies of FASFA determinations that show your expected family contribution and all other financial aid offers you have received. Be sure to tell your guidance counselor to include this information with your application along with your high school transcript.

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The undersigned represent and declare that to the best of their knowledge that the information contained in this Application is correct and true. It is understood and accepted that the granting of all scholarships is at the sole and exclusive discretion of the Trustees. To receive a scholarship, the student applicant must have been accepted at an institution, acceptable to the Trustees, for the fall school term at the time of the awarding of a scholarship.

The undersigned, by executing this Application, hereby authorize the Trustees to communicate with school officials, teachers, guidance counselors, employers, and others necessary to confirm any information disclosed in this Application, and further access to any records, including but not limited to, academic records, employment records, financial records, tax returns, and such other records necessary to assist the Trustees in making a decision. **All sections of this Application must be completed in order for it to be considered.** Personal interviews may be requested of some applicants.

The undersigned further understand that should the student be granted a scholarship, the student shall be subject to all guidelines, rules, and requirements promulgated by the Trustees in order to qualify and continue to receive funds under the scholarship.

DATED: _____

Student Applicant:

Parent / Relative:

(Relationship to Student _____)

(Relationship to Student _____)

