THE JOHN MCINTIRE SCHOLARSHIP FUND

APPLICATION AND SUPPORTING INFORMATION MUST BE SUBMITTED BY MAY 15th.

APPLICATIONS WILL BE CONSIDERED ONLY IF THE FOLLOWING CRITERIA ARE MET:

1) Applicants must reside within the Zanesville City Limits, regardless of what high school they attended.

2) Applicant must be under twenty-one years of age when initially beginning to receive the scholarship.

3) A. First time Applicant’s must submit High School Grades and have at least a 2.0 or better cumulative High School Grade Point Average (GPA).
   B. Re-Applicants must submit current grades and be in good standing with their current college or university.

4) Applicant must submit required Federal Income Tax Return(s)
   (If Parent/Guardian support student, submit Parent/Guardian AND Student’s)

5) Submission of all required information in the Application. Applicant to sign W-9 Form.
   (Parent/Guardian must complete the “Parent/Guardian Financial Statement”)

6) The John McIntire Scholarship Fund must receive at least two of the three Letters of Recommendation. No letters of recommendation are required for re-applicants.

7) Applicant must provide verification of Community Service.

8) Sign application where indicated.

I hereby declare that I meet the above qualifications. I will use all money I receive from the John McIntire Scholarship Fund for the purpose of completing my education and for no other purpose whatsoever. I realize that if I have made false statements the grant must be immediately paid back to the John McIntire Scholarship Fund.

APPLICANT’S SIGNATURE: ___________________________ Date: ______________

• Completed application form must be returned to:

   The John McIntire Scholarship Fund
   C/O Huntington Trust Scholarship Administrator
   422 Main Street (ZA113)
   Zanesville, OH  43702-2307
APPLICANT INFORMATION:

Is this your first time applying for the John McIntire Scholarship Fund or is this a re-application?

First time applicant □  Re-application □

Have you received an award from the John McIntire Scholarship Fund in the past:  Yes □  No □

________________________________________  __________________________________
Last Name (Applicant)  First Name (Applicant)

Parent(s)/Guardian Address:__________________________________________________________

________________________________________  ________  __________
City  State  Zip

Do you reside with the Parent(s)/Guardian listed above?  Yes □  No □

My mailing address at my college/university/other is:

__________________________________________________________

________________________________________  ________  __________
City  State  Zip

Birth date: (Month)___________ (Day) ______ (Year)_____. Social Security Number:____________________

Home/Cell Telephone Number____________________ Email ______________________________

High School:________________________________________, Date of Graduation:___________ GPA: ______

College/University Name: ______________________________ Location/City/State____________________

College Cumulative GPA: ___________  Course of study/major:______________________________

Class standing this coming fall:  Freshman □  Sophomore □  Junior □  Senior □
PARENT/GUARDIAN INFORMATION:

Father/Mother/Guardian name:_________________________________________________________

The names, relationship, and ages of dependents whom applicant’s father/mother/guardian support are:
_____________________________________________________________________________________

PARENT/GUARDIAN FINANCIAL STATEMENT

(Complete this page if student is claimed as a dependent by Parent/Guardian)

<table>
<thead>
<tr>
<th>Assets (What I Own)</th>
<th>Debt (What I Owe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking</td>
<td>Real Estate Mortgage Balance $_________________________</td>
</tr>
<tr>
<td>Savings</td>
<td>Installment Loan Balance $_____________________________</td>
</tr>
<tr>
<td>Certificates of Deposit</td>
<td>(Cars, Credit Card, Personal Loans)</td>
</tr>
<tr>
<td>Bonds and Stocks</td>
<td>Student Loan Balance $_______________________________</td>
</tr>
<tr>
<td>529 Plan Assets</td>
<td>Any Other Loans Balance $_____________________________</td>
</tr>
<tr>
<td></td>
<td>All Other Debts Owed $_______________________________ (Medical)</td>
</tr>
</tbody>
</table>

Total Assets $_________________  Total Debts $_________________

Net Worth: Total Assets $___________ Minus Total Debts $___________ = Net Worth $_______________

PARENT/GUARDIAN TAX RETURN INFORMATION

The Applicant is being claimed on the Tax Return of the:  Father ☐ Mother ☐ Joint ☐ Guardian ☐

Wages, Salaries, Tips, etc.:   Ordinary Dividend Income:
$ __________________________  $ __________________________
If filing a 1040, on line 7  If filing a 1040, on line 9A
If filing a 1040A, on line 7  If filing a 1040A, on line 9A
If filing a 1040EZ, on line 1  If filing a 1040EZ, NOT APPLICABLE

Taxable Interest Income:  Adjusted Gross Income (AGI) or Total Income:
$ __________________________  $ __________________________
If filing a 1040, on line 8A  If filing a 1040, on line 37
If filing a 1040A, on line 8A  If filing a 1040A, on line 21
If filing a 1040EZ, on line 2  If filing a 1040EZ, on line 6

Signature of Parent/Guardian of above Tax Return ___________________________  Date ___________________________
APPLICANT FINANCIAL NEED SUMMARY

Applicant total expenses for the next school year, beginning: ___________ and ending ___________.

(Date)  (Date)

Estimated (Current Year) Total College Expenses: $___________________ for Tuition, Fees, Room/Board, Books.

How are you going to meet your expenses for the upcoming school year?

Grants $ ___________________________  Financial Aid $ ___________________________

Loans $ ___________________________  Other Scholarships $ ___________________________

APPLICANT FINANCIAL STATEMENT

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<td>(Do Not Include Balances from Retirement Accounts, IRAs, 401K, etc.)</td>
<td></td>
</tr>
<tr>
<td>529 Plan Assets</td>
<td>$ ________________</td>
</tr>
<tr>
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Total Assets $ ________________  Total Debts $ ________________

Net Worth: Total Assets $ ________________ Minus Total Debts $ ________________ = Net Worth $ ________________

APPLICANT TAX RETURN INFORMATION

If Applicant also files a tax return separately from Parent/Guardian Tax Return, fill in below:

Wages, Salaries, Tips, etc.: $ ___________________________

Ordinary Dividend Income: $ ___________________________

If filing a 1040, on line 7  If filing a 1040, on line 9A
If filing a 1040A, on line 7  If filing a 1040A, on line 9A
If filing a 1040EZ, on line 1  If filing a 1040EZ, NOT APPLICABLE

Taxable Interest Income: $ ___________________________

Adjusted Gross Income (AGI) or Total Income: $ ___________________________

If filing a 1040, on line 8A  If filing a 1040, on line 37
If filing a 1040A, on line 8A  If filing a 1040A, on line 21
If filing a 1040EZ, on line 2  If filing a 1040EZ, on line 6
I have asked the following persons to forward letters of recommendation on my behalf to the McIntire Scholarship Fund.

**Submit your letters of recommendation along with this application.**

Name: ___________________________________ Relationship: _______________________
Address: ___________________________________, Phone: _______________________

Name: ___________________________________ Relationship: _______________________
Address: ___________________________________, Phone: _______________________

Name: ___________________________________ Relationship: _______________________
Address: ___________________________________, Phone: _______________________

**ADDITIONAL INFORMATION IF APPLICABLE**

If you wish, you may list any personal circumstances not revealed in the scholarship application, which will be helpful in determining your level of need. Utilize this page to detail them. These situations might include multiple children in college, a single parent household, grandparents living with the family, long-term illness, etc.