SCHOLARSHIP APPLICATION FOR FINANCIAL ASSISTANCE FROM THE FOLLOWING COMBINED SCHOLARSHIP FUNDS:

CORA A. WILKINS SCHOLARSHIP FUND
VERNA M. GRIFFEE SCHOLARSHIP FUND
M.F. CLAPPER 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 Muskingum County, but NOT within the City Limits of Zanesville, regardless of what high school they attended.


3. Within traditional 4 years of college, unless specified by a program that is longer.

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. (Parent/Guardian must complete the “Parent/Guardian Financial Statement”)

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

I hereby declare that I meet the above qualifications. I will use all money I receive from the Special 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 Special Scholarship Fund.

APPLICANT’S SIGNATURE: ____________________________ Date: _______________

- Completed application form must be returned to:

  The Special 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 Special Scholarship Fund or is this a re-application?

First time applicant □        Re-application □

Have you received an award from the Special 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>$__________________</td>
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<td>Certificates of Deposit</td>
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<td>Bonds and Stocks</td>
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</tr>
<tr>
<td>529 Plan Assets</td>
<td>(Cars, Credit Card, Personal Loans)</td>
</tr>
<tr>
<td></td>
<td>Student Loans Balance</td>
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<tr>
<td></td>
<td>Any Other Loans Balance</td>
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<tr>
<td></td>
<td>All Other Debts Owed</td>
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<tr>
<td></td>
<td>(Medical)</td>
</tr>
</tbody>
</table>

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.:

$ ____________________

If filing a 1040, on line 7
If filing a 1040A, on line 7
If filing a 1040EZ, on line 1

Ordinary Dividend Income:

$ ____________________

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

Taxable Interest Income:

$ ____________________

If filing a 1040, on line 8A
If filing a 1040A, on line 8A
If filing a 1040EZ, on line 2

Adjusted Gross Income (AGI) or Total Income:

$ ____________________

If filing a 1040, on line 37
If filing a 1040A, on line 21
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>Student Loans Balance $___________</td>
</tr>
<tr>
<td>(Do Not Include Balances from Retirement Accounts, IRAs, 401K, etc.)</td>
<td>Any Other Loans Balance $___________</td>
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<td>529 Plan Assets $_________</td>
<td>All Other Debts Owed $_________</td>
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</table>

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.: $_________

If filing a 1040, on line 7
If filing a 1040A, on line 7
If filing a 1040EZ, on line 1

Ordinary Dividend Income: $_________

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

Taxable Interest Income: $_________

If filing a 1040, on line 8A
If filing a 1040A, on line 8A
If filing a 1040EZ, on line 2

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

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

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