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Applicant's Name

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Date of High School Graduation

**PLEASE READ CAREFULLY**

THE MARY ANN FOX SCHOLARSHIP  
APPLICATION FOR

2011-2012

*This award is intended for applicants seeking first undergraduate degrees.*

THE INFORMATION ASKED FOR IN THIS APPLICATION IS NEEDED TO UNDERSTAND CLEARLY THE FAMILY FINANCIAL CONDITIONS TO AWARD AID TO THOSE WHO NEED IT MOST. BOTH STUDENT AND PARENTS/GUARDIANS SHOULD FILL OUT THE APPLICATION COMPLETELY AND ACCURATELY.

Please complete this application and return it to your Guidance Counselor or Financial Aid Director by **April 5, 2011**. If you are submitting this application directly, the deadline is **April 8, 2011** at 4:00 P.M. to the Mary Ann Fox Chairman's Office (c/o the President's Office, Lock Haven University, 202 Sullivan Hall, Lock Haven, PA 17745, Attention Mrs. Gwen Bechdel, Secretary, 570-484-2001).

NOTE: This application should include either your current high school transcript (including SAT scores), if you are still in high school, or your current **unofficial** college transcript, if you are in college, and a copy of your 2010 federal income tax return and/or your parents'/guardians' 2010 federal income tax return (form 1040) unless you are determined to be an independent student by a financial aid office.

CONDITIONS OF AWARDS

The Mary Ann Fox Scholarship awards are made available to graduates of Lycoming or Clinton County high schools who have maintained good standing in both studies and character and whose financial condition and financial condition of their parents or those on whom they are dependent, is such that they could not otherwise attend college, without financial assistance.

The awards are made annually (but are subject to renewal), in varying amounts, depending on the applicant's justification of need and the amount of money available in the scholarship fund. These awards are limited to use at four institutions along with their branch campuses: Lock Haven University of Pennsylvania, The Pennsylvania State University (including PA College of Technology in Williamsport), Lycoming College and Bucknell University.

It is understood that information reported in this application is confidential and it is restricted to the committee of judges who are charged with the responsibility for determining eligibility of the applicants. It is further understood that any evidence of willful deception in providing the reported information will automatically disqualify the applicant for any consideration.



B. GENERAL INFORMATION

PLEASE PRINT OR TYPE ALL INFORMATION

Student Applicant _____	Date of Birth _____
Last                      First                      MI	
Home Address _____	Male _____ Female _____
Number & Street	
_____	Married _____ Single _____
City                      State                      Zip	
Home Phone _____	Social Security Number _____
High School Attending or Attended _____	In Fall, 2011 I will be a
College Attending Or Will Attend _____	____ Freshman;
	____ Sophomore;
	____ Junior; or
	____ Senior in College.
Your Phone # at College _____	College Grad. Date _____
Your E-mail Address _____	

Please complete the following:

Check if living with:	Check all that apply:
____ Father	____ Parents married
____ Mother	____ Parents divorced
____ Stepfather	____ I have a legal guardian other than parents.
____ Stepmother	____ Parent(s) unable to work
____ Guardian	____ Widowed parent

If you are dependent upon others for your financial support, please provide the following information for those responsible for your financial support (using FASFA guidelines). If you are determined to be an independent student by a financial aid office please complete the information for yourself and spouse (if applicable).

____ Father	____ Stepfather	____ Guardian	____ Self
Name _____	Age _____	Occupation _____	
Address _____		Employer _____	
_____		Telephone No. _____	

\_\_\_\_\_ Mother      \_\_\_\_\_ Stepmother      \_\_\_\_\_ Guardian      \_\_\_\_\_ Spouse  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ Employer \_\_\_\_\_  
 \_\_\_\_\_ Telephone No. \_\_\_\_\_

**C. DEPENDENT CHILDREN**

The following information is to be completed for all dependent children you or your parent(s)/guardian(s) claim as federal income tax exemptions:

Name (list Applicant on first line)	Age	Present School/College	Grade or Year	Educational Expenses – Room, Tuition/Board	School Attending Next September

**D. DEPENDENTS- OTHER THAN CHILDREN**

Please list those persons (i.e. a grandparent or other relative) who depend on your parents/guardians for support other than those listed above:

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**E. GRANTS AND SCHOLARSHIPS**

List below the specific grants or scholarships you will receive which will be applied to college year 2011/2012. If you do not know the exact amount you will be receiving, please give an estimate or the amount you received for 2010/2011. Please indicate if you are eligible for any tuition waivers.

\_\_\_\_\_ Amount \_\_\_\_\_  
 Grant/Scholarship name

\_\_\_\_\_ Amount \_\_\_\_\_  
 Grant/Scholarship name

F. INCOME AND EXPENSES

In order to be considered for this scholarship, applicants must submit a copy of the W-2 and 2010 Federal Income Tax (1040) forms filed by the applicant and/or the applicant's parent(s)/guardian(s). If you or your parent(s)/guardian(s) are self-employed, you must also submit a copy of **Schedule C** of the Federal Income Tax return.

G. NON TAXABLE INCOME

All other sources of income must be submitted on this form. Please complete the section below as it may apply to you or your parent(s)/guardian(s).

	Last year 2010	Estimated 2011
1. Non Taxable Income	\$_____	\$_____
a. Social Security Benefits	\$_____	\$_____
b. Veterans Benefits	\$_____	\$_____
c. Welfare Benefits	\$_____	\$_____
d. Other Non-Taxable Income	\$_____	\$_____
2. Total Non-Taxable Income (1a-1d)	\$_____	\$_____
3. Medical and Dental Expenses Not Covered By Insurance and Medical Insurance Premium	\$_____	\$_____
4. Emergency Expenses	\$_____	\$_____