# MADEIRA SCHOOLS FOUNDATION 7465 Loannes Drive • Cincinnati, OH 45243

# APPLICATION FOR RUTH SLAGLE CRAWFORD SCHOLARSHIP

Per direction from the Ruth S. Crawford Revocable Trust dated June 30, 1994....."the Ruth Slagle Crawford Scholarship Fund in memory of Grantor's parents, Mr. and Mrs. W.C. Slagle, to be used for the purpose of giving financial assistance to students in attaining a college education who would be unable to continue their education without such financial assistance. The selection of such students, the amount of the assistance and the regulations covered the administration of this gift shall be at the sole discretion of the Madeira Schools Foundation." A committee comprised of the MSF Scholarship Committee, Madeira Schools Superintendent, MSF President and V.P. and others at their discretion will review the applications and choose the recipient.

#### Applications must be submitted to the Madeira Schools Foundation by the specified date.

The following information and supporting documentation must accompany the application in order for the application to be considered complete. *Less than full documentation will disqualify the applicant and application will be eliminated.* 

- 1. College transcript of courses completed. Must demonstrate completion of the equivalent of a year's worth of college credits.
- 3. An essay 1-2 pages in length that demonstrates how the student is succeeding in college via their personal drive, strong work ethic and financial support of their education via employment.
- 3. Supporting financial forms indicating need. This includes a copy of the Free Federal Student Aid (FAFSA), a completed U.S. Tax Return (IRS Form 1040, 1040A, or 1040EZ) for student and parents, and description of the student's current financial aid package from the college they are attending.
- 5. Two letters of recommendation in sealed envelopes mailed directly to address below. One letter must be from a college professor or advisor and one from an employer/supervisor.
- 6. ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE BY THE JUDGING COMMITTEE. AFTER JUDGING, ALL APPLICATIONS WILL BE SHREDDED. ALL IRS FORMS WILL BE SHREDDED.

Scholarship payment will be sent directly to the college, university, or vocational school of the recipient's choice. We need your

Please send completed application and supporting documentation to:

Madeira Schools Foundation Attention: Laurie Westermeyer 7465 Loannes Drive Cincinnati, OH 45243

Applications must be received no later than August 15, 2013. Scholarship recipient will be named by September 1

# **CONFIDENTIAL**

# APPLICATION FOR RUTH SLAGLE CRAWFORD SCHOLARSHIP

(All financial information will be viewed only by judges and all documentation will be shredded after judging.)

Name:			Birth Date:				
Address:			Phone No.:				
High Schools Attended (please indicate dates of attendance):							
(Additional pages may be used to answer the following questions.)							
1.	What are your educational goals?						
2.	What college or university are you attending?						
3.	What are your vocational/career goals?						
4.	Tell us about your activities. Please include sports, clubs service, church activities, and honors received. How man leadership roles did you achieve?						
5.	Names and occupations of your parents or guardian:						
6.	List names, relationship, and age of other persons in your						
7.	List names, relationship, age of other person(s) in your household who are attending a post-secondary institution (college or vocational school):						
	<u>Name</u> <u>Age</u> <u>Relationship</u>	<u>In</u> :	stitution				

#### **CONFIDENTIAL**

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#### FINANCIAL INFORMATION SHEET

To be filled in by parent or legal guardian and student. Please type or print.

Please attach to this application the following documentation.

- A completed copy of the Free Application for Federal Student Aid (FAFSA) form submitted with college or vocational school application
- A copy of a completed U.S. Tax Return (IRS Form 1040, 1040A or 1040EZ) for both parent AND student
- A description of the student's current financial aid package from the college they are attending.

Failure to submit any of the above documentation is cause for disqualification.

#### **PART I**

(To be completed by parent or legal guardian)

Name: Phone I				Phone No.:			
Address: Social Sec			curity Number				
Family Status (parent or legal guardian) - please circle correct answer:							
Married Divorced Separate	ed	Widowed Sir	ngle	Parents Both Deceased			
Size of Household (including applicant, parents or legal guardian, dependent children and other dependents):							
Number of members of household (including applicant) to be in post-high school educational institution:							
Approximate family income before tax	es:				\$		
Assets from all sources					\$		
Medical & dental expenses not covered by insurance					\$		
Do you own or rent your home	you own or rent your home Amount of monthly						
		rent/mortgage			\$		
Total mortgage amount				\$			
Estimated home value					\$		
Any unusual circumstances? Please explain:							
I certify that the information given is true to the best of my knowledge.							
Date:	Sign	nature of parent or	legal gu	ardian:			

## **FINANCIAL INFORMATION SHEET**

## **PART II**

(To be completed by applicant)

Name:		,				
I estimate my expenses for my next year of college to be:						
Tuition	•	\$				
Books		\$				
Transportation		\$				
Room & Board		\$				
Do you receive Social Security or funds from other sources? o Yes o No If so, how much? \$						
Do you have a savings or trust account? o Yes or No If so, how much? \$						
Do you have reason to expect scholars	hip aid from any other s	ources?				
		How much? \$				
From your job/employment, how much do you estimate you contributed to your college costs for the year of school you've just completed?						
		How much? \$				
From your job/employment, how much do you estimate you will contribute to your college costs for your next year of school?						
		How much? \$				
I certify that the information given is true to the best of my knowledge.						
Date:	Signature of applicant:					

# **CONFIDENTIAL**

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#### Madeira Schools Foundation Ruth Slagle Crawford Scholarship Application

#### BASIC OUTLINE FOR LETTER OF RECOMMENDATION

- 1. Relationship with applicant and degree of acquaintance.
- 2. Please give an overall impression of this applicant as a suitable recipient with emphasis on:
  - a) need
  - b) character
  - c) determination to succeed
  - d) work ethic
- 3. Other information you would deem valuable regarding this applicant.
- 4. Please use 8 x 11 inch paper, if possible.
- 5. Return to applicant in sealed envelope or mail directly to:

Madeira Schools Foundation Attention: Laurie Westermeyer/Crawford Scholarship 7465 Loannes Drive Cincinnati, OH 45243

6. Return to applicant or mail by **August 15, 2013**. Decision will be made by Sept. 1, 2013.

YOUR COOPERATION WILL ENABLE THE APPLICANT TO RETURN ALL REQUIRED MATERIALS IN TIME TO QUALIFY FOR THIS SCHOLARSHIP

## **Scholarship Award Form**

Please Note: Completed form MUST be returned with your application for this scholarship.

Scholarship money will be disbursed in January of year Scholarship granted.

Full Legal Name:		
Home Address:		
Home Phone:	Cell Phone	
Name of Award: Ruth Crawford-Slagle	Amount: \$5,000	
College/University Attending:		
Student College ID #:		
Student Social Security #:		
College/University mailing address for disb	oursement of check:	

The recipient will be recognized at a fall football game (date and time to be announced).

Any questions should be directed to MSF Scholarship Co-chair Laurie Westermeyer at home (513) 745-9980 or cell phone, (513) 505-3577.