

ANNA L. TOBIN PERFORMING ARTS SCHOLARSHIP

Amount: One (1)-\$500.00 scholarships

Donor: Marilyn and James F. Tobin, Jr.

Students pursuing a career in the performing arts; theater or drama, music, dance and singing.

If there are no Ishpeming High School graduate(s) planning a career in the Performing Arts in any given year, then the scholarship(s) will be open to qualified students from Negaunee and Westwood High Schools.

Candidates will be judged on performing arts background and interests, academic standing and citizenship, in said order.

The successful candidate must present valid enrollment forms to the Marquette Community Foundation identifying the school they will be attending before receiving their scholarship check.

Applications must be turned in to the office no later than Tuesday, April 5, 2016.

Anna L. Tobin Scholarship Application

Please note that the deadline for receipt of the scholarship application is April 5, 2016.

Name _____
Last First Middle

Current Address _____

Phone Number _____

Father's Name _____
Last First

Mother's Name _____
Last First

School _____

Name of college or university which you plan on attending:

Have you been accepted by the school or college? YES___ NO___

What program do you plan to pursue? _____

I hereby authorize release of information from my school record, including test scores, to the Anna Tobin Scholarship Committee.

Signed: _____

Parent's Signature: _____

(If student is under 18)

Date: _____

DO NOT WRITE BELOW THIS LINE

Rank in class ____/____

G.P.A. _____

School Acceptance Verified YES_____ NO_____ Pending_____

Statement of adjusted family income
(To be completed by student and parents as applicable.)

During the preceding 12 months, have you (A) resided with, (B) been claimed as a dependent for Federal Income Tax purposes by or been the recipient of an amount in excess of \$600.00 from one (or both) of your parents? YES _____ NO _____ ("X" one)

If the answer to the above question is "Yes" (in whole or part), your parent, or both of your parents, if they are living together, must complete and sign this statement of adjusted family income.

Adjusted gross income (from federal tax returns or estimates)

(Please provide a photocopy of your income tax statement for verification purposes.)

This information will remain confidential.

A. Father \$ _____ Mother \$ _____ Joint \$ _____ Total \$ _____

B. Student _____ \$ _____

Total adjusted gross income (add lines A & B) \$ _____

Enter the total amount of personal exemptions claimed on tax return: _____

Signature of person completing financial statement:

Father Mother

Are any of the other family members presently attending college?

YES _____ NO _____ If yes, Please name _____

Have you applied for other financial aid? YES _____ NO _____

If yes, please list _____

Will you be eligible for:

Social Security	YES _____	NO _____	Possibly _____
	YES _____	NO _____	Possibly _____

Veterans Benefits	YES _____	NO _____	Possibly _____
	YES _____	NO _____	Possibly _____

Vocational Rehabilitation	YES _____	NO _____	Possibly _____
	YES _____	NO _____	Possibly _____

Other	_____	_____	_____
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List Other _____

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