

# Kosier Family Foundation

1520 Sheridan Dr. Lancaster, Ohio 43130 Phone 740-653-2220

*The Kosier Family Foundation provides up to a \$1,000 scholarship to selected graduates of Newton High School to further their post-high school education in any accredited college, trade/vocational or nursing/health related facility or Medical School or Graduate Level University*

## SCHOLARSHIP APPLICATION

(Please type or print clearly in ink)

Name \_\_\_\_\_

Address of Applicant \_\_\_\_\_ County \_\_\_\_\_ Phone (    ) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Graduate of \_\_\_\_\_ School Graduation Date \_\_\_\_\_ Sex M or I

ACT Scores \_\_\_\_\_ SAT Scores \_\_\_\_\_

Eng / Math / Science / Reading / Composite

Verbal / Math

High School, College or Post-High School GPA at end of previous grade period: \_\_\_\_\_ Counselor's Initials: \_\_\_\_\_

Extra Curricular/School Activities/Community Service:

Year(s)	Organization	Office(s) Held

### Personal Statement INCLUDING Work Experience and Community Activities

Please use this space to describe unique characteristics, accomplishments, or experiences, which you feel we should consider in evaluating your application. Stress those qualifications which distinguish you from other applicants.

PLEASE NOTE: The Review Committee is very interested in your work experience both past and present.

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Applicant Name \_\_\_\_\_

Continuing Education Plans

Plans for enrollment in an accredited college, university, trade/vocational or nursing/health related facility or Medical or Graduate School

Have you been granted scholarship aid? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give details:\_\_\_\_\_

What are your plans upon completion of your post high school education? Do you plan to return to Miami County?

Check One: Two-Parent Household\_\_\_\_\_ Single Parent Household\_\_\_\_\_ Self-Supporting\_\_\_\_\_

Income Level: Both Father & Mother's Income, Self-Supporting Applicant include spouse, if married

\_\_\_\_\_Below \$10,000 \_\_\_\_\_\$10,000-19,999 \_\_\_\_\_\$20,000-39,999

\_\_\_\_\_ \$40,000-59,999 \_\_\_\_\_\$60,000-79,999 \_\_\_\_\_\$80,000 and over

Father/Spouse's/Self Employer (circle

one)\_\_\_\_\_ Address\_\_\_\_\_

Mother/Spouse's/Self Employer (circle

one)\_\_\_\_\_ Address\_\_\_\_\_

Number of Siblings or Children \_\_\_\_\_ Ages\_\_\_\_\_

Number of Siblings or Children in College \_\_\_\_\_ Name of  
College(s)\_\_\_\_\_

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form.

This information may include a copy of your U.S. or state income tax form. If you purposely give false or misleading information, you will be disqualified.

Date:\_\_\_\_\_ Signed

by\_\_\_\_\_ (Applicant)

Date:\_\_\_\_\_ Signed

by\_\_\_\_\_ (Mother/Stepmother)  
if applicable

Date:\_\_\_\_\_ Signed

by\_\_\_\_\_ (Father/Stepfather)  
if applicable

Please return this two page completed application and any attachments (make certain your name appears on all pages) to:  
Kosier Family Foundation 1520 Sheridan Dr. Lancaster, Ohio 43130 Deadline: December 31, of the current year.