

## SCHOLARSHIP INFORMATION SHEET 2024 - 25 SY



The attached application applies to the following scholarship programs:

- **MARAE OHL**
- **STANELY L. AND GRACE A. WOOFER**
- **TRUMBULL COUNTY SUPERINTENDENT ASSOCIATION SCHOLARSHIP**

### GENERAL SCHOLARSHIP INFORMATION/ REQUIREMENTS

- A. To be eligible, applicants must be residents of Trumbull County or enrolled in a Trumbull County School.
- B. The scholarships are granted without regard to gender, race, or creed.
- C. Considerable weight will be given to estimates of potential for success in a chosen field and financial need rather than to high school grade point average or to final class rank.
- D. The scholarship funds will be paid by the scholarship foundation directly to the school selected by the student. It will be used first for tuition and fees, and then books. Any remaining monies may be used for room, board, etc.
- E. Completed applications and the specific scholarship requirements listed below must be returned to your high school counselor. School counselors must submit completed applications for all the scholarships listed above to Michael Hanshaw, Superintendent, Trumbull County Educational Service Center, **by Friday, March 28, 2025. The applications must be post marked by March 28, 2025. There will be no applications accepted after this date. If you are using the interoffice mail, please be aware of your district pick up day in order to deliver back to our office by the deadline. Given the importance of this deadline, we suggest you drop these applications off at our office at 6000 Youngstown-Warren Road, Niles, Ohio.**

### F. In addition to the application, the following must be submitted:

1. Transcript (high school or college) showing grade average, class rank, and ACT and/or SAT scores.
2. One (1) letter of reference for each scholarship from a teacher, counselor, or school administrator.
3. Brief Essay-On a separate sheet(s), choose a personal strength and relate it to your career goal.
  - **Essay must include your reason for applying for a particular scholarship.**
  - Include life experiences that have influenced your future plans. Print clearly or type essay.
4. Most recent W-2 form of parent(s) and/or guardian(s), & self.



## SPECIFIC SCHOLARSHIP INFORMATION/REQUIREMENTS

**MARAE OHL SCHOLARSHIP** – Ten (10) scholarships are available. *Financial need is a factor.* These \$1,000 scholarships are for one year only.

**STANLEY L. AND GRACE A. WOOFER SCHOLARSHIP** -- Two \$2,000 scholarships will be awarded for one year. The scholarship may be renewable. Applicants must have a *verified learning or physical disability, demonstrated scholarship need, achievement, participation in activities, and financial need.*

**TRUMBULL COUNTY SUPERINTENDENT ASSOCIATION SCHOLARSHIP** – The Trumbull County Superintendent Association will recognize one graduating senior who demonstrates superior performance and a commitment to school and community involvement. The TCSA committee will award one, non-renewable, scholarship to any Trumbull County student who meets the following criteria:

1. One graduation student from any Trumbull County Public High School.
2. The student must be enrolled and accepted into an Accredited College or University, majoring in the field of education.
3. The student must complete the application in its entirety and submit a one-page essay.
  - a. Essay must include reasons as to why they chose the field of Education.
4. The applicant must have a minimum of 3.0 GPA the first semester of college, and provide proof to the TCSA committee. This can be in the form of a transcript or semester grade posting.
5. After meeting the first semester of a minimum 3.0 GPA, the TCSA recipient will receive the \$500.00 scholarship award.

Scholarship chairpersons and committees of each specific scholarship program will review their respective scholarship applications.

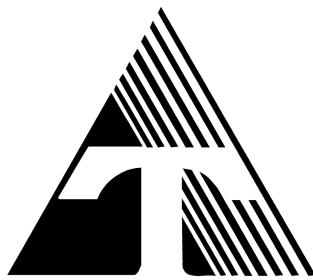
Please note: scholarship availability and financial amount may vary each year and is determined by each scholarship committee or foundation.

**This two-page scholarship information explanation *need not* be returned with the application.**

### TO THE SCHOOL COUNSELOR:

**Please complete the check-off box on page one of each application and encourage students to apply only for those scholarships that they qualify.**

**Thank you.**



TRUMBULL COUNTY  
EDUCATIONAL SERVICE CENTER

## SCHOLARSHIP APPLICATION 2024-25 SY

<b>Must be completed or verified by School Counselor:</b>
<input type="checkbox"/> All blanks completed
<input type="checkbox"/> Signatures completed — including yours
<input type="checkbox"/> One letter of recommendation
<input type="checkbox"/> W-2 forms
<input type="checkbox"/> Transcript
<input type="checkbox"/> Bio sketch for Woofler
<input type="checkbox"/> ACT/SAT-List score
<input type="checkbox"/> GPA- List Rank
<input type="checkbox"/> Class Rank/# in class
<input type="checkbox"/> Essay
Counselor's initials: _____

Please place a ☒ on the blank in front of the scholarship(s) for which you wish to be considered.

- ☐ Marae Ohl Scholarship  
☐ Stanley L. and Grace A. Woofler Scholarship  
☐ Trumbull County Superintendent Scholarship

I. NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
(Last) (First) (Middle)

II. ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) Zip Code) S. S. #: \_\_\_\_/\_\_\_\_/\_\_\_\_

### III. FINANCIAL NEED:

- A. What school or college do you plan to attend? \_\_\_\_\_  
B. What course of study do you plan to follow? \_\_\_\_\_  
C. Have you applied for other financial aid? \_\_\_ yes \_\_\_ no

If you responded, "Yes," to the question above, from what source(s):

- ☐ Federal Student Aid  
☐ Ohio Instructional Grant (OIG)  
☐ Bureau of Vocational Rehabilitation  
☐ Loans  
☐ Scholarship(s): Explain: \_\_\_\_\_  
\_\_\_\_\_

D. Have you received any financial aid from the above sources? \_\_\_ Yes \_\_\_ no  
If yes, amount: \_\_\_\_\_

E. Are there other members of your family in college? \_\_\_ yes \_\_\_ no

F. Are other members of your family in college on scholarship? \_\_\_ yes \_\_\_ no

G. Names and ages of other children in family:

Younger than you: \_\_\_\_\_

Older than you: \_\_\_\_\_

H. Are there dependent relatives other than the immediate family?     \_\_\_ yes \_\_\_ no

If you responded, "Yes," to this question, lists the names and extent of dependency:

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I. Other pertinent information about YOURSELF that would be helpful to establish financial need: *All information provided must relate to the previous year.*

1. Job Earnings: \_\_\_\_\_

3. Social Security Benefits: \_\_\_\_\_

2. Savings: \_\_\_\_\_

4. Veteran's Benefits: \_\_\_\_\_

IV. If you are presently enrolled in an educational program beyond high school, please complete the following: (e.g. Post secondary options)

School	Dates	Program of study	Grade average

V. SCHOOL AND NON-SCHOOL ORGANIZATION/COMMUNITY SERVICE PARTICIPATION. (To list additional organizations, please duplicate this form and insert into application behind this sheet. Do not list any activity more than once).

### A. School Organizations

For Office Use	List school organizations in which you participated during high school. (Examples: French Club, baseball, and yearbook).	Place an x under the column(s) indicating the years you participated in this organization				For Office Use	List offices/chairperson positions held in the organization during each grade.				For Office Use
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	School Organization	9	10	11	12		9	10	11	12	

### B. Non-School Organizations.

For Office Use	List non- school organizations in which you participated during high school. (Examples: 4 H Boy Scouts, Junior Achievement)	Place an x under the column(s) indicating the years you participated in this organization				For Office Use	List offices/chairperson positions held in the organization during each grade.				For Office Use
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For Office Use	Non-School Organization	9	10	11	12		9	10	11	12	

### V. SCHOOL AND NON-SCHOOL ORGANIZATION/COMMUNITY SERVICE PARTICIPATION

(To list additional activities or community service, please duplicate this form and insert into application behind this sheet).

### C. Activities

For Office Use	List school or non-school activities in which you participated <u>not cited under A or B</u> . Example: Attending an event as a representative of your school/non school organization.	Place an x under the column(s) indicating the years you participated in this activity.	For Office Use	List offices/chairperson positions held in this activity during each grade.	For Office Use
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	Activity	9	10	11	12		9	10	11	12	

### D. Community volunteer service.

For Office Use	Organization sponsoring this community service activity. Example: BETA Club, Hospital.	List the community volunteer service you performed in this organized program. Example: Visited elderly; helped patients	Place an x under the column(s) indicating the years you participated in this activity.	For Office Use	List the number of hours you invested in this community service activity during each grade.	For Office Use
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	Organization	Volunteer Service Performed	9	10	11	12		9 No. of hrs.	10 No. of hrs.	11 No. of hrs.	12 No. of hrs.	

## VI. STANLEY L. AND GRACE A. WOOFER SCHOLARSHIP APPLICANTS ONLY.

1. Do you have a verified learning or physical disability? \_\_\_\_ yes \_\_\_\_ no
2. Please list the name of a professional who can be contacted to verify your disability:  
(This may be a member of the school staff.)  
  

Name	Title/Position
Place of Employment	Work Phone
Number and Street Address	City State Zip
3. On a separate sheet, please type or print clearly a brief biographical sketch. Include your career goals and financial needs for college. Tell about your disability, how you have coped with it, and its effects on your education.

## VII. TO BE COMPLETED BY ALL APPLICANTS:

Parent or Guardians Name	Occupation	Approx Yearly Income**	Approx Non Taxable Income**
<b>Please include all income including: Disability, SSI and Child Support</b>			
Disability:	SSI:	Child Support:	

## VIII. MARITAL STATUS OF PARENTS: \*\*

(Circle One) Married – Divorced – Separated – Single – Deceased Parent(s)

## IX. SIGNATURES:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of School Counselor

\_\_\_\_\_  
Signature of Applicant

## X. CERTIFICATION STATEMENT: I, \_\_\_\_\_, certify that the

(Parent/Guardian)

information in this application is true and accurate. I agree to provide any additional information that may be required.

**\* To ensure all required information is included, please review your scholarship application packet before submitting**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!**