

**Northeastern Local Schools Community Scholarship Fund  
Through The Defiance Area Foundation**

[www.defianceareafoundation.org](http://www.defianceareafoundation.org)

**(419) 782-3130**

**Northeastern Local Schools Scholarship Fund**

Community Members from the Northeastern Local School District recognize the importance of higher education. These supporters have established the Northeastern Local Schools Scholarship Fund to benefit Tinora High School students furthering their education. This \$1,000 non-renewable scholarship will be awarded annually to a student who meets the following eligibility criteria:

**Eligible Applicants / Qualified Persons:**

- Will graduate from Tinora High School
- Must have achieved at least a 3.0 average G.P.A. in High School
- Must be full-time and pursuing a post-secondary education (degree or certification)
- Emphasis will be placed on school activities, community involvement, and work experience

**Application Information**

The scholarship applications will be reviewed annually by the Northeastern Local Schools Scholarship Committee and recommended to The Defiance Area Foundation for final selection. Complete the attached form by **March 31st** and drop off to the Superintendent's Office or mail to the Superintendent's Office, Northeastern Local Schools, 5855 Domersville Road, Defiance, Ohio 43512. Must be postmarked by March 31<sup>st</sup>. Please attach the following information to the application:

- Financial Aid Award Letter
- College fee sheet
- Completed Essay

# Northeastern Local Schools Community Scholarship Fund

## **PART I - APPLICANT INFORMATION** - print or type

Name: \_\_\_\_\_  
last first middle

Permanent Address: \_\_\_\_\_  
street address

\_\_\_\_\_

city state zip

Date of Birth: \_\_\_\_\_ Sex:  M  F

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

College: \_\_\_\_\_ Expected College Graduation Date: \_\_\_\_\_

College: City, State, Zip: \_\_\_\_\_

College Acceptance Letter Received (date) \_\_\_\_\_

## **PART II - ACTIVITIES** - attach separate sheet if necessary.

### **Work Experience-List your work experience.**

Employer	Start date	End date	Hours per week	Duties

### **Extracurricular Activities**

List all campus activities in which you have participated during your year(s) in High School (e.g. music, clubs, theatre, student government, etc.).

Activity	No. of years	Letter # of years	Special Awards/Honors/Offices held

### **Sports Participation**

List the years you have participated in high school sports.

Sport	No. of years	Letter # of years	Special Awards/Honors/Offices held

**Community Service**

List all community activities in which you have participated without pay during your year(s) in high school (e.g. church, volunteer, tutor, etc.).

Activity	No. of years	Special Awards/Honors/Offices held

**PART III – APPLICATION CHECKLIST**

**Check** the items you have included and provide an **explanation** for any items that will be mailed at a later date.

- Current cumulative GPA \_\_\_\_\_
- College Fee Sheet
- Financial Aid Award letter attached
- Financial Aid Summary (Indicating financial need)
- Current annual cost of college tuition, room and board for a full-time student \$ \_\_\_\_\_

**Essay** – Explain any circumstances or factors, which you feel warrant special attention, including family history, unusual personal, family or financial circumstances or challenges. Please discuss why you chose the field of study and also include any future or life goals. Additionally, please share what Tinora meant to you and the impact that Tinora School District has had on you personally. Attach this information, typed and double spaced, to your application.

I, \_\_\_\_\_, hereby consent, approve, and authorize the Defiance Area Foundation and/or any of its Applicable Committees, for the sole purpose of my being considered for this award, to contact, verify and obtain any and all academic and/or financial records from any high school, university or college identified above. Further, I consent and approve the use of a copy of this application for the purpose of obtaining such information in lieu of an original and that same may be faxed, mailed, or e-mailed to any such institution so identified above. Said consent and/or authorization is granted for the entire year in which the application or grant of scholarship applies.

By affixing my signature to this application, I verify that all statements above are true.

Signature \_\_\_\_\_ Date \_\_\_\_\_