



## TUITION and COST OF ATTENDANCE

Estimated expenses associated with the pursuit of your education: (circle one) Per Semester per Quarter per Year

Tuition and Fees: \$ \_\_\_\_\_ Books: \$ \_\_\_\_\_

What other Grants or Scholarships are you receiving or expect to receive toward your tuition costs:

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## EDUCATION:

High School Attended: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ High School GPA: \_\_\_\_\_

I am currently/will be attending:

Post-Secondary School (College, University or Career Technical School):

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School Address: \_\_\_\_\_

Telephone Number: (include area code) \_\_\_\_\_

Major or Course of Study: \_\_\_\_\_ Current GPA (if already attended): \_\_\_\_\_

## ADDITIONAL INFORMATION:

Please attach a typewritten essay describing all of the following:

- ❖ Your educational and career goals;
- ❖ Any financial hardships or difficulties that should be considered (such as child care, transportation, high living expenses, medical bills, etc.);
- ❖ Why do you feel you are deserving of this scholarship.
- ❖ How do you plan to use your course of study to pursue a career in your field?

## LETTERS OF RECOMMENDATION:

Please enclose **three professional letters of recommendation** from former teachers, school officials, social workers, employers, or other persons not related to you. Letters of recommendation must be written on letterhead, include the individual's name, address, and phone number, and must be signed, dated, and returned directly to you for inclusion with this application. It is recommended that these people be from different aspects of your life and include, at least, the following: length of time they have known you, how they know you, what they know about you with regards to your background, character, worthiness as a potential recipient, and any other pertinent information having to do with your application with the Ashtabula County Safety Council.

### PLEASE COMPLETE AND SIGN

- I understand that this application will not be considered for review unless I enclose all requested materials, the application signed, dated, and delivered or received in the ACSC Office no later than **May 17, 2024**.
- I hereby acknowledge the information included in this application packet is true and complete to the best of my knowledge.
- I also understand applications will be held confidential, but no application material will be returned.
- Should I be selected as an ACSC Scholarship recipient, I agree to have my name used in publicity by ACSC.
- I understand that not every eligible applicant will receive an award due to funding limitations.
- Incomplete or late applications may not be considered.
- The scholarship check will be given to the scholarship recipient.
- Scholarship recipients will be notified by a member of the ACSC Scholarship Committee.

My signature certifies that I have read, understand, and agree to the terms and conditions of this application.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_