



4510 Collins Boulevard, Suite 6  
Ashtabula, Ohio 44004  
Phone: (440) 992-6818  
Fax: (440) 992-0724  
ashtabulafdn@suite 224.net  
[www.ashtabulafoundation.org](http://www.ashtabulafoundation.org)

## EDWARD J. HARVEY SCHOLARSHIP FUND

### PURPOSE

“To help deserving young people to acquire an education that will enable them to become self-supporting, useful citizens.”

### ELIGIBILITY

Any person with a legal residence in Ashtabula County as determined by post office address and who will be graduating from a high school in Ashtabula County is eligible to apply for this scholarship. An applicant must be planning to attend any higher education institution on a full-time basis. An institution must be accredited by a regional accrediting association.

### STANDARDS

Preferences will be given to students showing financial need and satisfactory academic achievement or ability (GPA of 2.5 or above). The following rubric has been selected as a guideline in the selection process:

GPA	25 points
ACT/SAT Scores	15 points
Income/Financial Need	25 points
Essay	10 points
Outside Activities	<u>25 points</u>
Total	100 points

Scholarship recipients will become ineligible for future grants if placed on probation for more than one term consecutively.

### GRANTS

Scholarships will be awarded for tuition and fee costs, granted proportionately to the institution's terms. The number of awards each year is contingent upon the number of continuing student awards. Numbers of scholarships may vary if funds available increase or decrease.

Scholarships are renewable up to four years for undergraduate degrees. Formal request for renewal is required each year. The submission of a current transcript and the college tuition statement constitutes a formal request. **It is the responsibility of the recipient** to submit a transcript and college tuition statement to The Ashtabula Foundation to be considered for renewal. Checks will be sent to the recipient, payable to the recipient and institution. **\* Please note there is a three-week processing period for the issuance of checks.** In the event the student withdraws or becomes ineligible during the term, the refund is to be made payable to The Ashtabula Foundation.

### APPLICATION

Forms are available at all Ashtabula County High School Guidance offices, as well as The Ashtabula Foundation, 4510 Collins Boulevard, Suite 6, Ashtabula, Ohio 44004, Phone (440) 992-6818. Individuals must submit a completed application along with a copy of your signed high school transcript, a copy of the FAFSA (Free Application for Federal Student Aid) form and/or a copy of your SAR (Student Aid Report), and 500 word essay directly to the *Edward J. Harvey Scholarship Fund Committee, c/o The Ashtabula Foundation, 4510 Collins Boulevard, Suite 6, Ashtabula, Ohio 44004*, postmarked by the last business day of March. Awards will be made by the end of April.

**THIS SECTION TO BE COMPLETED BY APPLICANT**

**PRINT OR TYPE**

Date \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle*

Home Address \_\_\_\_\_  
*Street City State Zip*

Telephone Number \_\_\_\_\_

High School Attending \_\_\_\_\_

---

**THIS SECTION TO BE COMPLETED BY  
HIGH SCHOOL GUIDANCE COUNSELOR**

Grade Point Average \_\_\_\_\_ Rank in Class \_\_\_\_\_

ACT Score \_\_\_\_\_ *and/or* Composite SAT Scores \_\_\_\_\_

Guidance Counselor Signature \_\_\_\_\_

---

**I hereby declare that, to the best of my knowledge and belief, the information in this application is correct.**

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
*(Signature)*

Date \_\_\_\_\_ Parent or Guardian \_\_\_\_\_  
*(Signature)*

**THIS SECTION TO BE COMPLETED BY APPLICANT**

School in which you plan to enroll or are enrolled:

\_\_\_\_\_ *Name*

\_\_\_\_\_ *City* *State* *Zip*

Date of entry into school (approximate) \_\_\_\_\_

Course of study to be followed \_\_\_\_\_

Have you applied for or received any other grants or scholarships? (O.I.G.; Pell Grant, for example)

\_\_\_ Yes \_\_\_ No

If yes, from whom and amount \_\_\_\_\_

Are you entitled to any government educational benefits? \_\_\_ Yes \_\_\_ No

If yes, from whom and amount \_\_\_\_\_

**ESTIMATED BUDGET FOR 20\_\_\_\_\_ - 20\_\_\_\_\_ ACADEMIC YEAR**

**ESTIMATED EXPENSES:**

University Fees	\$ _____	Savings to be used	\$ _____
Room and Board	\$ _____	Prospective Earnings	\$ _____
Books and Supplies	\$ _____	Aid from Parents	\$ _____
Traveling Expenses	\$ _____	Aid from Other Sources	\$ _____
<b>Total A</b>	\$ _____	<b>Total B</b>	\$ _____

**TOTAL A MINUS TOTAL B = AMOUNT NEEDED \$ \_\_\_\_\_**

**FAMILY INCOME STATEMENT**

**TO BE COMPLETED BY PARENT OR GUARDIAN**

This information is used to select grantees on an equitable basis. All information will be held in strict confidence. NO unauthorized persons will have access to this document.

Salary, wages, and income from business, if self-employed, before taxes but minus business expenses listed on federal income tax return (use 1040 EZ, Line 4 or 1040, Line 31, or 1040A, Line 16 from tax return) \$ \_\_\_\_\_

Income earned by father, stepfather, legal guardian (*circle one*) \$ \_\_\_\_\_

Employer \_\_\_\_\_

Income earned by mother, stepmother, legal guardian (*circle one*) \$ \_\_\_\_\_

Employer \_\_\_\_\_

**UNEARNED INCOME:**

Income from retirement, income from government agencies such as Veteran's benefits, social security benefits, welfare benefits, etc. \$ \_\_\_\_\_

Parents' Savings \$ \_\_\_\_\_

Student's Savings \$ \_\_\_\_\_

Number of children claimed on tax exemptions. If you do not file a Federal income tax statement, number of dependent children of the parents. \_\_\_\_\_

Please describe any extenuating financial circumstances (for example: grandparents supported by family, large debts, illness, medical expenses, etc.)

---

---

---

---

---

---

---

---

Please provide information regarding extracurricular activities, including school-related activities, work history, volunteer activities: \*

**Activity**

**Number of hours per week**

---

---

---

---

---

---

---

---

\* Additional pages may be attached if necessary.

As an attachment to this application, provide a typed essay of 500 words or less describing your **career goals, life mission and why you feel you should be a recipient of this scholarship.**

---

**Individuals must submit a completed application and attachments directly to the *Edward J. Harvey Scholarship Fund Committee, c/o The Ashtabula Foundation, 4510 Collins Boulevard, Suite 6, Ashtabula, Ohio 44004*, by the last business day of March. Awards will be made by the end of April.**