

# Miami County Foundation

317 N. Wayne St., P.O. Box 1526 Piqua, OH 45356-1526 937-773-9012 Phone/Fax  
www.miamicountyfoundation.org email: mcf@woh.com

*The Thelma Ross Dalton Scholarship Fund provides up to a \$3,000 scholarship to selected residents of Miami County to further their post-high school education in any accredited college, trade/vocational or nursing/health related facility.*

## 2011 THELMA ROSS DALTON MEMORIAL SCHOLARSHIP APPLICATION

*(Typed application is preferred, if needed print clearly in ink. Additional pages may be attached)*

Name \_\_\_\_\_  
Address of Applicant \_\_\_\_\_ County \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Graduate of \_\_\_\_\_ School Graduation Date \_\_\_\_\_ Sex M or F  
ACT Scores \_\_\_\_\_ SAT Scores \_\_\_\_\_  
Eng / Math / Science / Reading / Composite Verbal / Math

High School, College or Post-High School GPA cumulative at end of previous grade period: \_\_\_\_\_ **Attach your most recent grade report**

### Extra Curricular/School Activities/Community Service:

<u>Year(s)</u>	<u>Organization</u>	<u>Office(s) Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Personal Statement INCLUDING Work Experience and Community Activities

Please 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. For additional space, attach a separate page.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Continuing Education Plans**

State your plans for enrollment in an accredited college, university, trade/vocational or nursing/health related facility.

\_\_\_\_\_  
\_\_\_\_\_

Have you been granted scholarship aid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, **list each with amount** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ Below \$20,000          \_\_\_\_\_ \$20,000-49,999          \_\_\_\_\_ \$50,000-79,999  
\_\_\_\_\_ \$80,000-109,999          \_\_\_\_\_ \$110,000-140,000          \_\_\_\_\_ Above or greater than \$140,000

Father's/Spouse's/Self **Employer** (circle one) \_\_\_\_\_ Address \_\_\_\_\_

Mother's/Spouse's/Self **Employer** (circle one) \_\_\_\_\_ Address \_\_\_\_\_

Number of Siblings or Children (circle one) \_\_\_\_\_ 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:  
**Miami County Foundation, 317 N. Wayne St., P.O. Box 1526, Piqua, OH 45356-1526 or fax 937-773-9012.**

**Must be postmarked no later than November 1 of the current year.** No application will be accepted via email.