

THE MARY LOU SCHULTZ MEMORIAL SCHOLARSHIP



Application Guidelines

The **Mary Lou Schultz Memorial Scholarship Fund** has been established in honor and recognition of Mary Lou Schultz. This scholarship is awarded to a person living in Seneca County, Ohio who is pursuing a registered nursing degree at the college or university of their choice. The recipient will be the person who has best demonstrated, in the judgment of the scholarship trustees, the same quality of character that Mary Lou exemplified in her life. That is namely, high moral values, and devotion to family, friends, and citizens of the community.

Scholarships in the amount of \$500 each will be awarded annually. Preference may be given to any applicant who has received services or volunteered for the Seneca County Court Appointed Special Advocates (CASA). This scholarship may be used for tuition, books and fees.

The scholarship trustees will select up to three finalists for an interview. Each finalist will be notified of a date, place, and time for the interview.

The scholarship committee will consist of a person designated by Mercy Hospital Tiffin, a person designated by Seneca County CASA, and a family representative. No information except that contained on or relating to the application is used in the selection process. The scholarship trustees may verify information presented in the applications.

A typed essay of approximately 350 words shall be submitted with the attached application form. All students whose primary residence is in Seneca County and who are currently enrolled in a Registered Nursing Program may apply.

**Submit your completed application and essay to
Your school counselor by March 31**

The Mary Lou Schultz Memorial Scholarship Fund
is a component fund of The Tiffin Community Foundation, Inc.,
which maintains exclusive legal control.



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Application

Page 1 of 2

Deadline March 31

Deliver completed application to
Your school counselor

Attachments:

- List of extracurricular activities
- Current transcript of education.
- 2 Letters of recommendation
- Essay describing future goals related to becoming a nurse and what field of nursing might interest you most?

Name: _____

Address: _____ **County:** _____

Date of Birth: _____ **Place of birth:** _____

Home Phone: _____ **Cell:** _____

Email: _____

Name of Parents/Guardians _____

Annual Household Income: _____

Please note any CASA involvement: _____

High School: _____

Year graduated: _____ **GPA:** _____ **ACT &/or SAT:** _____

School currently attending: _____

If currently enrolled in college, what is your current GPA: _____

Major/minor: _____ **Expected graduation date:** _____

Career goal: _____

Other sources of scholarship or financial assistance: _____ **Please indicate dollar amount for each.**

Work Experiences including high school work-study programs:

I am available for an interview with the Scholarship Trustees on the following days and times:

| | |
|------------------|------------------------|
| Day of the week: | Time of day available: |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I hereby give permission for a scholarship fund advisor to contact any of my teachers, past or current employers, coaches, guidance counselors, or educational or professional schools I have attended for additional information about my scholastic attendance, performance, financial circumstances and references.

I understand that the information set forth in this application may be shared with a scholarship fund advisory committee. I acknowledge that all information contained in this application and attachments is true. I understand that this application and its attachments will become the property of The Tiffin Community Foundation and will not be returned to me, the applicant.

| | |
|---------------------------------------|-------------|
| _____ | Date: _____ |
| Applicant's signature | |
| _____ | Date: _____ |
| Applicant's Parent/Guardian signature | |
| _____ | Date: _____ |
| Applicant's Parent/Guardian signature | |

For Tiffin Community Foundation Use

| | | |
|--|--|----------------------------|
| Date received: _____ | Complete? <input type="checkbox"/> yes <input type="checkbox"/> no | Contacted applicant: _____ |
| Submitted completed application and attachments to Scholarship Trustees: _____ | | |
| Recommendation: _____ | | |
| _____ | | |
| _____ | | |