

“THE LOFFER SCHOLARSHIP”

Last Will and Testament of Thomas Loffer, from Bryan, Ohio, wished to establish an annual scholarship known as “The Loffer Scholarship”. Stipulations or requirements as follows:

- Child of a single parent from the Fayette Area
- Attend an accredited 2 or 4 year college
- Maintain at least a “C” average
- Recipient be from a lower income family
- Awarded and administered by the Fayette Area Foundation

The Federal Income Eligibility Guidelines will be used for determining eligibility for low income family.

INCOME ELIGIBILITY GUIDELINES			
Household size	Yearly	Monthly	Weekly
1	\$21,590	\$1,800	\$416
2	\$29,101	\$2,426	\$560
3	\$36,612	\$3,051	\$705
4	\$44,123	\$3,677	\$849
5	\$51,634	\$4,303	\$993
6	\$59,145	\$4,929	\$1,138
7	\$66,656	\$5,555	\$1,282
8	\$74,167	\$6,181	\$1,427
Each additional	\$7,511	\$626	\$145

PERSONAL INFORMATION

Name: _____

Date of Birth: _____

Address: _____

Parent Name & Place(s) of Employment

Name

Place of Employment

Names of student’s employers, job duties, length of employment

<u>EMPLOYER NAME & ADDRESS</u>	<u>EMPLOYMENT DATES</u>	<u>BRIEF DESCRIPTION OF JOB DUTIES</u>

Number of siblings in the household _____

EDUCATIONAL INFORMATION

Cumulative GRP: _____ ACT/SAT Score _____

Indicate your college preference and address: _____

Acceptance Granted _____ Yes _____ No

Estimated yearly cost of college your prefer: Tuition _____
Room & Board _____
Books _____

Will you be living: _____ on campus _____ off campus _____ at home

Anticipated career goal: _____

Sources of revenue other than this scholarship to assist student with educational expenses. Please list amount.

Parental Support _____ Student Employment _____

Student Loan(s) _____

List any other any other grants or scholarships confirmed and amounts: _____

NARRATIVE SECTION: (Attach extra pages if necessary)

What are your short and long term goals: _____

Discuss reasons for selecting course of study indicated in goals: _____

What do you consider your most important accomplishments? _____

Is there any other information about your family, yourself or your background that would assist in evaluating you for this scholarship? (Examples – honors, awards, offices and positions held, and extra-curricular activities) _____

Must attach **three letters of recommendations (one must be school personnel)** who could provide us with information regarding your abilities.

Attach to this application a **copy of your high school grade transcript** through the first semester of your senior year.

I authorize the Selection Committee to view my submitted transcript.

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____
(If applicant is under 18 years of age)