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	2017 Scholarship Application Cover Sheet
Student Name:	High School:
Please see you the Foundation	for the Olympia Tumwater Foundation Scholarship Application will be set by your school. ur Counselor for your internal due date. Your Counselor must then submit the application to on by Friday, April 21, 2017. The application form can be downloaded from our website at coundation.org under Scholarships & Grants.
Please note: Yo	ou will <u>need Adobe PDF Reader</u> to complete this form. <mark>Handwritten applications will not be accepted!</mark>
3	ch the following documents to your application, single-sided, in the order listed. a paper clip; do not staple or put in a binder.
Check Once Completed	
Cover Sh	eet with Completed and Signed Application by Applicant and Counselor
Cumulat	ive High School Transcript
SAT and/	or ACT Scores
who can	ers of Recommendation — from a mentor, clergy, supervisor, instructor, advisor, etc. — attest to your potential for leadership, your character, and your commitment to service. hese letters must be from a current Teacher or high school Counselor.
If yes, plo Contribu	submit a Free Application for Student Aid (FAFSA)? Yes: No: No: ease attach your entire Student Aid Report (SAR), showing your Expected Family tion (EFC) number. If no, or the EFC number is not available at the time of the on, please explain below.
College F	-inancial Aid Offers



Students — please **do not** submit your application directly to the Olympia Tumwater Foundation. This application **must be signed by your school Counselor who will then forward it to the Foundation.** Thank you.



2017 Scholarship Application Form

Section I — Applicant Information
1) Student Name: M/F: Date of Birth:
2) Home Phone: Cell Phone: Email:
3) Address: City: Zip:
4) College(s)/Universities applying to:
5) Planned Course of Study:
6) Mother's Name:
7) Address: City: State: Zip: City:
8) Occupation: Annual Salary: \$
9) Father's Name:
10) Address: City: State: Zip: City:
11) Occupation: Annual Salary: \$

12) List Parent/ Guardian's annual income sources other than employment (e.g. retirement, social security, welfare, VA benefits, child support, etc

SOURCE	AMOUNT
	\$
	\$
	\$
	\$

Section I — Applicant Information Continued

13) If you indicated other sources of parental income, will these be available after June 30, 2017? Yes: No:

14) Were there any extraordinary increases or decreases in income reported on the FAFSA? If so, please explain:

15) Who do you live with? Mother & Father: Mother: Father: Other: Other:	
16) On whose tax return was the student claimed as an exemption on last year's taxes? Mother & Father: Mother: Father: Other:	
17) Are there any continuous, unusual expenses impacting family income (e.g. relative requiring financial support)?	
18) How many siblings do you have? Please list their ages:	
19) Number of children attending college next year (including you):	
20) Number of self-supporting children in your family still living at home:	

Section II — Financial Information

1) Please enter the amount of the Estimated Family Contribution (EFC) shown on the first page of the SAR:

2) Please list your summer and/or after school work experience:

Employer	Hours/ Week	Dates Employed

Section II — Financial Information Continued

3) Please list any educational savings or trust accounts and account balances:

Account Type	Balance
	\$
	\$
	\$

4) Do you or your family have a relationship with the Olympia Tumwater Foundation? Explain:

5) Have there been any recent changes in your family's financial situation that affect your ability to pay for college e.g. medical expenses, layoff, divorce, death, etc.?

6) Is there anything else about your financial situation or extenuating circumstances you would like us to know?

7) List any additional scholarships you have applied for as well as amounts awarded (if known):

Name of Scholarship or Grant	Amount	Granted	Pending

1) Please write a narrative (maximum of 400 words) explaining how this scholarship will help you achieve your goals. **Tip! Use a word processor (e.g. Microsoft Word) to write your essay, then copy and paste here.**

Section III — Extended Response Continued

2) Please write a narrative (maximum of 400 words) describing circumstances or individuals that have been influential in your life. **Tip! Use a word processor (e.g. Microsoft Word) to write essay then copy and paste.**

Section IV — High School Information								
GPA (7 semesters): Class R	ank: of	ACT Score:						
SAT (Cumulative): Critical	Reading: Math:	Writing:						

1) Honors or Awards

List honors won or special programs for which you have been chosen, such as National Honor Society, national merit/ achievement recognition, foreign exchange, Boys'/Girls' State, etc. List in order of significance.

Special Awards/ Honors		neck a vels th			Additional Information
		10	11	12	
Example: Bob Shaw Proton Award					Example: Awarded to top chemistry student in school, received 2 years in a row.

2) School and Community Leadership Positions

Involvement in extra-curricular activities, community activities, charitable organizations and other endeavors **which indicate significant leadership records and outstanding leadership potential**. Highlight specific results delivered from a position of leadership — whether by organizing, mobilizing or inspiring others.

Activity		neck a /els th			Demonstrated Leadership Role
		10	11	12	
Example: UNICEF Chair					Example: Implemented fundraising strategy that led to record donations my senior year.

3) Extracurricular Activities

List both school and volunteer/community activities in which you have participated during the past four years (e.g. student government, sports, band, chorus, etc. and/or hospital volunteer, church work, babysitting, etc.). Include specific events or major accomplishments, positions played, letters earned, etc.

		neck a /els th			Description of Your Contributions	Average Hours Per
Activity	9	10	11	12	Description of Your Contributions	Week/ Month
Example: Thurston County soup kitchen					Example: Volunteered with my parents to serve dinner at a homeless shelter.	4 hours per month

	SI	GNATURES	
Applicant Name (Printed)		Counselor Name (Printed)	
Applicant Name (Printed)		Courselor Name (Printed)	
Applicant Signature	Date	Counselor Signature	Date
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