
Applicant's Name

Date of High School Graduation

PLEASE READ CAREFULLY

THE MARY ANN FOX SCHOLARSHIP
APPLICATION FOR

2011-2012

This award is intended for applicants seeking first undergraduate degrees.

THE INFORMATION ASKED FOR IN THIS APPLICATION IS NEEDED TO UNDERSTAND CLEARLY THE FAMILY FINANCIAL CONDITIONS TO AWARD AID TO THOSE WHO NEED IT MOST. BOTH STUDENT AND PARENTS/GUARDIANS SHOULD FILL OUT THE APPLICATION COMPLETELY AND ACCURATELY.

Please complete this application and return it to your Guidance Counselor or Financial Aid Director by **April 5, 2011**. If you are submitting this application directly, the deadline is **April 8, 2011** at 4:00 P.M. to the Mary Ann Fox Chairman's Office (c/o the President's Office, Lock Haven University, 202 Sullivan Hall, Lock Haven, PA 17745, Attention Mrs. Gwen Bechdel, Secretary, 570-484-2001).

NOTE: This application should include either your current high school transcript (including SAT scores), if you are still in high school, or your current **unofficial** college transcript, if you are in college, and a copy of your 2010 federal income tax return and/or your parents'/guardians' 2010 federal income tax return (form 1040) unless you are determined to be an independent student by a financial aid office.

CONDITIONS OF AWARDS

The Mary Ann Fox Scholarship awards are made available to graduates of Lycoming or Clinton County high schools who have maintained good standing in both studies and character and whose financial condition and financial condition of their parents or those on whom they are dependent, is such that they could not otherwise attend college, without financial assistance.

The awards are made annually (but are subject to renewal), in varying amounts, depending on the applicant's justification of need and the amount of money available in the scholarship fund. These awards are limited to use at four institutions along with their branch campuses: Lock Haven University of Pennsylvania, The Pennsylvania State University (including PA College of Technology in Williamsport), Lycoming College and Bucknell University.

It is understood that information reported in this application is confidential and it is restricted to the committee of judges who are charged with the responsibility for determining eligibility of the applicants. It is further understood that any evidence of willful deception in providing the reported information will automatically disqualify the applicant for any consideration.

B. GENERAL INFORMATION

PLEASE PRINT OR TYPE ALL INFORMATION

| | |
|--|------------------------------|
| Student Applicant _____ | Date of Birth _____ |
| Last First MI | |
| Home Address _____ | Male _____ Female _____ |
| Number & Street | |
| _____ | Married _____ Single _____ |
| City State Zip | |
| Home Phone _____ | Social Security Number _____ |
| High School Attending or Attended _____ | In Fall, 2011 I will be a |
| College Attending Or Will Attend _____ | ____ Freshman; |
| | ____ Sophomore; |
| | ____ Junior; or |
| | ____ Senior in College. |
| Your Phone # at College _____ | College Grad. Date _____ |
| Your E-mail Address _____ | |

Please complete the following:

| | |
|-----------------------|--|
| Check if living with: | Check all that apply: |
| ____ Father | ____ Parents married |
| ____ Mother | ____ Parents divorced |
| ____ Stepfather | ____ I have a legal guardian other than parents. |
| ____ Stepmother | ____ Parent(s) unable to work |
| ____ Guardian | ____ Widowed parent |

If you are dependent upon others for your financial support, please provide the following information for those responsible for your financial support (using FASFA guidelines). If you are determined to be an independent student by a financial aid office please complete the information for yourself and spouse (if applicable).

| | | | |
|---------------|-----------------|---------------------|-----------|
| ____ Father | ____ Stepfather | ____ Guardian | ____ Self |
| Name _____ | Age _____ | Occupation _____ | |
| Address _____ | | Employer _____ | |
| _____ | | Telephone No. _____ | |

_____ Mother _____ Stepmother _____ Guardian _____ Spouse
 Name _____ Age _____ Occupation _____
 Address _____ Employer _____
 _____ Telephone No. _____

C. DEPENDENT CHILDREN

The following information is to be completed for all dependent children you or your parent(s)/guardian(s) claim as federal income tax exemptions:

| Name (list Applicant on first line) | Age | Present School/College | Grade or Year | Educational Expenses – Room, Tuition/Board | School Attending Next September |
|-------------------------------------|-----|------------------------|---------------|--|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

D. DEPENDENTS- OTHER THAN CHILDREN

Please list those persons (i.e. a grandparent or other relative) who depend on your parents/guardians for support other than those listed above:

Name _____ Relationship to Applicant _____

Name _____ Relationship to Applicant _____

E. GRANTS AND SCHOLARSHIPS

List below the specific grants or scholarships you will receive which will be applied to college year 2011/2012. If you do not know the exact amount you will be receiving, please give an estimate or the amount you received for 2010/2011. Please indicate if you are eligible for any tuition waivers.

_____ Amount _____
 Grant/Scholarship name

_____ Amount _____
 Grant/Scholarship name

F. INCOME AND EXPENSES

In order to be considered for this scholarship, applicants must submit a copy of the W-2 and 2010 Federal Income Tax (1040) forms filed by the applicant and/or the applicant's parent(s)/guardian(s). If you or your parent(s)/guardian(s) are self-employed, you must also submit a copy of **Schedule C** of the Federal Income Tax return.

G. NON TAXABLE INCOME

All other sources of income must be submitted on this form. Please complete the section below as it may apply to you or your parent(s)/guardian(s).

| | Last year 2010 | Estimated 2011 |
|--|-------------------|-------------------|
| 1. Non Taxable Income | \$ _____ | \$ _____ |
| a. Social Security Benefits | \$ _____ | \$ _____ |
| b. Veterans Benefits | \$ _____ | \$ _____ |
| c. Welfare Benefits | \$ _____ | \$ _____ |
| d. Other Non-Taxable Income | \$ _____ | \$ _____ |
| 2. Total Non-Taxable Income (1a-1d) | \$ _____ | \$ _____ |
| 3. Medical and Dental Expenses Not Covered By Insurance and Medical Insurance Premium | \$ _____ | \$ _____ |
| 4. Emergency Expenses | \$ _____ | \$ _____ |