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Applicant's Name (please print)

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Date of High School Graduation

**PLEASE READ CAREFULLY**

THE MARY ANN FOX SCHOLARSHIP  
APPLICATION FOR

2018-2019

*This award is intended for applicants seeking first undergraduate degrees.*

**ALL INFORMATION REQUESTED ON THIS APPLICATION IS NEEDED TO UNDERSTAND CLEARLY THE FAMILY FINANCIAL CONDITIONS TO AWARD AID. BOTH STUDENT AND PARENTS/GUARDIANS SHOULD FILL OUT THE APPLICATION COMPLETELY AND ACCURATELY. INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.**

Please complete this application (including the W-9 form at the end) and return it to your Guidance Counselor (for high school students) by **March 7, 2018**. If you are submitting this application directly, the deadline is **March 9, 2018** at 4:00 P.M. to the Mary Ann Fox Chairman's Office (c/o the President's Office, Lock Haven University, 399 Ulmer Hall, Lock Haven, PA 17745, Attention Mrs. Gwen Bechdel, Secretary, 570-484-2001).

NOTE: This application must 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. You will also need to provide a copy of your 2016 **OR** 2017 federal income tax return and your parents'/guardians' 2016 **OR** 2017 federal income tax return (form 1040) unless you are determined to be an independent student by a financial aid office in which case only your return is required.

**CONDITIONS OF AWARDS**

The Mary Ann Fox Scholarship awards are made available to high schools graduates who are residents of Lycoming or Clinton County, 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.

I have read and understand the above conditions and to the best of my knowledge, the information provided in this application is true. In addition, I certify that I am not related to any Co-Trustee of the Foundation; any Selection Committee Member; the spouse of any Co-Trustee or Selection Committee Member; the ancestors of any Co-Trustee or Selection Committee member; the children, grandchildren and great-grandchildren of any Co-Trustee or Selection Committee Member; the spouse of a child, grandchild or great-grandchild of any Co-Trustee or Selection Committee Member; employees of Wells Fargo Wealth Management. and their spouses, ancestors, children, grandchildren, great-grandchildren and the spouses of their children, grandchildren and great-grandchildren.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Currently enrolled at \_\_\_\_\_  
(High school or College/University)

**A. CERTIFICATE OF CHARACTER AND APTITUDE**

I hereby certify that the applicant named on the preceding page is a person of demonstrated high moral character and adequate scholastic aptitude to profit from higher education on the college level. I also verify that this applicant is currently enrolled in the high school or college named on their application and with whom a transcript of grades is provided.

**HIGH SCHOOL APPLICANT CERTIFICATION BY:**

\_\_\_\_\_  
Principal

\_\_\_\_\_  
High School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guidance Counselor

\_\_\_\_\_  
High School

\_\_\_\_\_  
Date

**COLLEGE APPLICANT CERTIFICATION BY:**

I verify that this applicant is currently enrolled in the college named, and is in good academic standing.

\_\_\_\_\_  
Registrar/Dean of Students

\_\_\_\_\_  
College or University

\_\_\_\_\_  
Date

## B. GENERAL INFORMATION

PLEASE PRINT OR TYPE ALL INFORMATION

Student  
Applicant \_\_\_\_\_ Date  
of Birth \_\_\_\_\_  
Last First MI

Male \_\_\_\_\_ Female \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

County of Permanent Residence: \_\_\_\_\_

Home phone \_\_\_\_\_ In Fall, 2018 I will be a:  
Applicant's cell phone \_\_\_\_\_ Freshman  
Applicant's email address \_\_\_\_\_ Sophomore  
High School Attending \_\_\_\_\_ Junior; or  
or Attended \_\_\_\_\_ Senior in College  
College Grad. date \_\_\_\_\_

College Attending or will Attend \_\_\_\_\_

Please complete the following:

Check if living with:

\_\_\_\_ Father  
\_\_\_\_ Mother  
\_\_\_\_ Stepfather  
\_\_\_\_ Stepmother  
\_\_\_\_ Guardian

Check all that apply:

\_\_\_\_ Parents married  
\_\_\_\_ Parents divorced  
\_\_\_\_ I have a legal guardian other than parents.  
\_\_\_\_ Parent(s) unable to work  
\_\_\_\_ 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 \_\_\_\_\_

Employer \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_ Mother      \_\_\_\_ Stepmother      \_\_\_\_ Guardian      \_\_\_\_ Spouse

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

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 are considered dependents and rely on your parents/guardians for support other than those listed above:

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 2018/2019. If you do not know the exact amount you will be receiving, please give an estimate or the amount you received for 2017/2018. Please indicate if you are eligible for any tuition waivers. (Please list additional awards on an additional sheet if needed.)

\_\_\_\_\_  
Grant/Scholarship name and Amount

\_\_\_\_\_  
Grant/Scholarship name and Amount

### F. INCOME AND EXPENSES

In order to be considered for this scholarship, applicants must submit a copy of the W-2 and the 2016 **OR** 2017 Federal Income Tax (1040) forms filed by the applicant and 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 2017	Estimated 2018
a. Social Security Benefits	\$ _____	\$ _____
b. Veterans Benefits	\$ _____	\$ _____
c. Welfare Benefits	\$ _____	\$ _____
d. Other Non-Taxable Income	\$ _____	\$ _____
<b>Total Non-Taxable Income (a-d)</b>	<b>\$ _____</b>	<b>\$ _____</b>