

JOSEPH J. HOHNER SCHOLARSHIP AND EDUCATIONAL BOARD OF LASALLE COUNTY

119 W. Madison Street, Room 102

Ottawa, IL. 61350

Office Hours: 8:00 a.m. to 4:30 p.m. Monday through Friday

Phone: (815) 434-0780

Elementary or High School Scholarship Application Form

Use this application form if you will be attending a private or parochial Elementary or High School in LaSalle County this fall.

Page 1 of 2

The Joseph J. Hohner Scholarship is a gift of the estate of Dr. Joseph J. Hohner of LaSalle County. Dr. Hohner was an Ottawa physician who died in 1972, leaving a half-million dollar special trust, the interest of which funds the scholarship. More than one million dollars has been distributed to over 2,000 students since the scholarship was established. It is a one-year scholarship open only to full-time students who are legal residents of LaSalle County.

Award selection is based on BOTH need and merit. The amount of the award will vary depending on the funds available from the scholarship investment and on the number of qualified applicants. In the past, the awards have ranged between \$300 and \$800 per year. **The scholarship is not automatically renewable. You must submit a new and COMPLETE application every year. Nothing is carried over from the previous year.**

To qualify for the Joseph J. Hohner Scholarship, you must be:

- ✓ **A FULL TIME STUDENT**
- ✓ **A LEGAL RESIDENT OF LASALLE COUNTY**

You will need to submit ALL of the following items:

- **APPLICATION FORM**, fully completed and **SIGNED**
- **FEDERAL 1040 or 1040EZ TAX FORM – SIGNED** (pages 1 & 2 only)
(You may obliterate social security and/or tax id numbers)
- **CURRENT REPORT CARD or TRANSCRIPT.**
- ✓ **Deadline: April 16, 2012.** All items must be returned to the above address either in person or postmarked no later than April 16, 2012.
- ✓ All required application materials should be secured together by a single staple and returned at the same time in one envelope.
- ✓ Please be sure to have **ADEQUATE POSTAGE** on all applications that are mailed. Applications will be returned for insufficient postage.
- ✓ If the above requirements have not been met, this application **WILL NOT** be considered for an award.

Tips for Completing ANY Scholarship Application:

- Read instructions carefully. Read instructions through completely before starting.
- Gather all necessary materials.
- Allow time to order transcripts or other required items. Plan ahead for vacation dates and holidays when school offices are not open.
- Include everything that is requested. Send only what is requested.
- Be honest.
- Be accurate. Check your work. Check your spelling.
- Submit your application as early as possible. If anything is discovered missing, you may have the opportunity to add it to the application before the deadline.
- Respond quickly to any request for additional information.
- Neatness counts! Don't use scrap paper or odd sized paper as part of your application. Don't use the back of something else as part of your application.
- Each person applying for a scholarship must have a **SEPARATE, COMPLETE**, application package. It is not the responsibility of the scholarship committee to research transcripts or to make copies for you.
- Make copies of everything you submit (application form, transcripts, etc.) and keep for your records.

DEADLINE: APRIL 16, 2012

www.roe35.k12.il.us

STUDENT INFORMATION - for student who will be attending ELEMENTARY or HIGH SCHOOL
FINANCIAL INFORMATION

Student's Name * _____
 Address: _____
 City: _____ State: Illinois Zip: _____ You must be a legal resident of LASALLE County.
 Home Phone: _____
 Age: _____ Date of Birth: _____ Sex: _____
 Present School: _____ In what grade?: _____
 Elementary or High School to be attended in the Fall: _____ In what grade?: _____

1. Father/Stepfather's occupation
2. Father/Stepfather's Employer
3. Work phone
4. Father/Stepfather's income as listed on W-2(s)
5. Mother/Stepmother's occupation
6. Mother/Stepmother's Employer
7. Work phone
8. Mother/Stepmother's income as listed on W-2(s)
9. Do you own your own business? Yes ___ No ___ Nature of business
10. Income from other sources
11. Adjusted gross income as reported on Federal 1040 or 1040EZ tax form (Signed copy must be attached.)
12. Will any one else, such as a grandparent, be contributing to student's educational expenses? Yes ___ No ___
 How much will student receive?
13. Will student be receiving any other scholarships or financial aid of which you are aware at this time? . Yes ___ No ___ Amount
14. Available savings or investments for financing education:

15. LIST ALL CHILDREN AND ADULTS in your home who will be FULL-TIME STUDENTS at any school this fall, and for whom parents or stepparents are financially responsible. **INCLUDE ABOVE NAMED STUDENT APPLICANT.**

Name of Student	Age	School to be attended in the fall	Grade or year in school this fall
* Applicant			

Explain SPECIAL CIRCUMSTANCES which may qualify you for a scholarship: (Use separate sheet if necessary.)

I verify the above information to be correct. Date: _____

 Father (Signature required for dependent student) Mother (Signature required for dependent student)
 Address (if different from student's address): Address (if different from student's address):

 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____