

**JOSEPH J. HOHNER SCHOLARSHIP
AND EDUCATIONAL BOARD OF LASALLE COUNTY**
119 W. Madison St., Room 102, Ottawa Il 61350
P | 815-434-0780 E | jhaywood@roe35.org

DEADLINE: APRIL 16, 2021 by close of business

Application For Elementary Or High School

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. It is a one-year scholarship open only to full-time students who are legal residents of LaSalle County. **(Preference is given to Ottawa residents.)**

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. **The scholarship is not automatically renewable. You must submit a current and complete application every year. Nothing is carried over from the previous year.**

ONLY applicants **chosen to receive** the Hohner Scholarship **will be notified**. Applicants wishing to inquire about the status of their application may call our office at (815) 434-0780 or email jhaywood@roe35.org.

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

- **A FULL-TIME STUDENT (12 HOURS)**
- **A LEGAL RESIDENT OF LASALLE COUNTY (preference is given to Ottawa residents)**

Submit **ALL** of the following items:

- CURRENT** Application Form, fully COMPLETED and SIGNED.
 - PARENT(S) FEDERAL 1040 OR 1040 EZ TAX FORM- SIGNED** (pages 1 & 2)
If you are filing as a dependent student (see page 4) (You may obliterate social security and/or tax id numbers)
 - Copy of your Federal 1040 or 1040EZ Tax Form- SIGNED**
Pages 1 & 2 if you are filing as a dependent student (see page 4) (You may obliterate social security and/or tax id numbers)
 - ELEMENTARY GRADES OR HIGH SCHOOL TRANSCRIPT**(Official transcripts are not required, but transcript information should be in a format that shows educational history.
 - CURRENT FACTS**
 - ACCEPTANCE LETTER** (for beginning or transferring students.)
 - Summary of expected annual costs of tuition, and fees.**
 - Verification of grants, waivers, scholarships, etc.**
 - DEADLINE:**
All items must be returned to the above address **no later** than **CLOSE OF BUSINESS** on **APRIL 16, 2021**.
 - All required application materials should be secured together and returned at the same time in one envelope.
 - Please be sure to have **ADEQUATE POSTAGE** on all applications that are mailed. Applications with postage due will be returned to you.
 - If the above requirements have not been met, this application will not be considered for the award.
- Read **ALL** instructions carefully. Read instructions **COMPLETELY** before starting.
 - Gather all necessary materials.
 - Allow time to order transcripts or other required items. Plan ahead for vacation dates and holidays when the school office is not open.

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- 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.
- Neatness counts! Don't use scrap paper, odd sized paper or the back of something else as part of your application.
- Each person applying for a scholarship **MUST** have a separate, complete, application **PACKAGE**. The scholarship committee will not be asked to research requested items or make copies for multiple application.

Student Name: _____

Complete Address: _____ City: _____

Email Address: _____ Phone: _____

Date of Birth: _____ Age: _____

Elementary or High School to be attended in the Fall: _____

	Dependent Student (Fill in answer or amount here)
1. Father's occupation:	
2. Father's Employer:	
3. Work phone:	
4. Father's income listed on W-2 (s):	\$ _____
5. Mother's occupation:	
6. Mother's Employer:	
7. Work phone:	
8. Mother's income listed on W-2 (s):	\$ _____
Parent's Income	
9. Adjusted gross income as reported on parent's Federal 1040 or 1040 EZ (signed copy must be attached)(attach schedule C if self-employed)	\$ _____
10. Adjusted gross income as reported on student's Federal 1040 or 1040 EZ (signed copy must be attached)	\$ _____

11. Will any one else, such as a grandparent be contributing to the student's educational expenses?	No	Yes	If yes, amount: \$ _____
12. Do you own your own business?	No _____ Yes _____ Type of Business _____		
13. Self Employment Income	\$ _____		
14. Income from other sources, i.e. child support, alimony, rental, etc.	\$ _____		
15. Grant's, scholarships, or other financial aid received or pending for this school year?	No	Yes	If yes, amount: \$ _____
16. How many times have you and/or siblings received this scholarship?	You _____ Siblings _____		
17. Available savings or investments for financing education:	\$ _____		

18 LIST ABOVE NAMED STUDENT APPLICANT and ALL CHILDREN and ADULTS in your home who will be FULL-TIME STUDENTS (at least 12 hours) at any school this fall, and for whom parent(s) are financially responsible.

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

Explain **SPECIAL CIRCUMSTANCES** which may qualify you for a scholarship (use a separate sheet of paper as needed):

I verify the above information to be correct.

Student Signature (required)

Date

Father Signature (required for Dependent student)

Date

Mother Signature (required for Dependent student)

Date