DEADLINE: APRIL 15, 2020

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.

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. (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. In the past, the awards have ranged between **$300 and $800 per year. 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 a Hohner Scholarship **will be notified in June**.

Applicants wishing to inquire about the status of their application may call our office at (815) 434-0780.

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

- ✓ **A FULL TIME STUDENT**
- ✓ **A LEGAL RESIDENT OF LASALLE COUNTY (Preference is given to Ottawa residents.)**

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)
  (You may obliterate social security and/or tax id numbers)
- ☐ **CURRENT REPORT CARD or TRANSCRIPT.**
- ☐ **CURRENT FACTS.**

- ✓ **Deadline:** All items must be returned to the above address no later than close of business on **April 15, 2020.**
- ✓ 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 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.
- Respond quickly to any request for additional information.
- Neatness counts! Don't use scrap paper, odd sized paper or back of something else as part of your application.
- Each person applying for a scholarship must have a **separate and complete**, application package. The scholarship committee will not research requested items or make copies for multiple applications.

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

FINANCIAL INFORMATION

Student's Name: _____

Address: _____ City: _____ Zip Code: _____

Email Address: _____ Phone: _____

Age: _____ Date of Birth: _____ Sex: _____ Grade: _____

Current School: _____

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

	Fill in answer and dollar amount here
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, i.e. child support, alimony, rental, dividends, etc	
11. Adjusted gross income as reported on Federal 1040 or 1040EZ (**Signed** copy must be attached.) (Attach schedule C if self employed)	
12. Will anyone else, such as a grandparent, be contributing to student's educational expense? If yes, how much will student receive? Yes ☐ No ☐	
13. Grants, scholarships or other financial aid received or pending for this school year? Yes____ No____ From:_____	
14. How many times has student and/or siblings received this scholarship?	You_____ Siblings _____
15. Available savings or investments for financing education:	

16. **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(s)	*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 separate sheet if necessary.*)

_____

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

_____
Father *(Signature required for dependent student)*
Address *(if different from student's address)* :
_____
City:_____ State:_____ Zip:_____

_____
Mother *(Signature required for dependent student)*
Address *(if different from student's address)* :
_____
City:_____ State:_____ Zip:_____