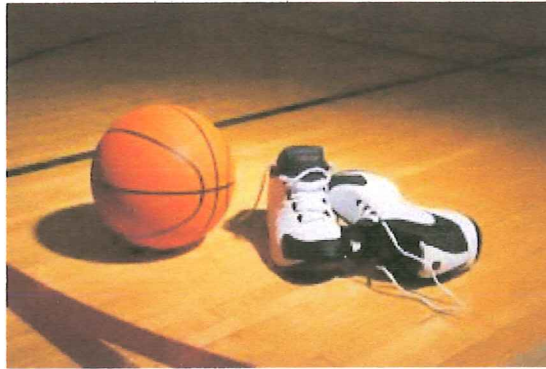


THE BOB AMES MEMORIAL SCHOLARSHIP



Application Guidelines

The Bob Ames Memorial Scholarship Fund has been established at The Tiffin Community Foundation, dedicated to the memory of the late Bob Ames. This scholarship will be awarded annually to a college-bound senior of the Tiffin Columbian boys' basketball team. Bob Ames was a longtime champion of youth basketball in Tiffin. He organized and coached the area's first traveling youth basketball team, the Tiffin Storm in 1991, and was active in the program for nearly two decades. His passion for teaching the game fostered lifelong friendships, self-confidence, teamwork, competitive spirit and mental and physical toughness. Bob's belief that strong foundations are built upon the fundamentals of personal development left a legacy of inspired young men and women under his tutelage.

Scholarships in the amount of \$500 each may be awarded annually to one senior boys basketball player during the Tiffin Columbian awards night. Any Tiffin Columbian Senior Boys Basketball player meeting the following criteria may apply:

1. 3.2 or higher GPA accumulated through seven semesters
2. Acceptance to a fully accredited two-year or four-year college or university. Please attach copy of your acceptance letter.
3. Participation on the Tiffin Columbian Boys Basketball Team for four years and has attended all mandatory practices.

A typed essay of approximately 350 words shall be submitted with the attached application form. Essays will describe how basketball has changed your life and how it will impact your future.

*If a graduating senior boys basketball player does not meet the qualifications, application may be submitted with a written explanation by a teacher, of why the scholarship trustees should consider the application.

Scholarship trustees will notify students if they have been chosen for an interview. The scholarship committee will include the current head basketball coach, the athletic director, one member of the Tiffin Junior Basketball Board, and one family member of the late Bob Ames. No information except that contained on or relating to the application is used in the selection process. The scholarship trustees may verify information presented in the applications.

Submit your completed application and essay to

The your guidance counselor by March 31

The Bob Ames Memorial Scholarship Fund
is a component fund of The Tiffin Community Foundation, Inc.,
which maintains exclusive legal control.



The Bob Ames Memorial Scholarship Application



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Deadline March 31

Deliver completed application to
Tiffin Community Foundation
31 S. Washington St
Tiffin, Ohio 44883

Attachments:

- Letter of Acceptance
- Current transcript of education.
- Essay describing how basketball has changed your life and how it will impact your future

Name: _____

Address: _____ County: _____

Date of birth: _____

Home phone: _____ Cell: _____

Email: _____

Name of Parents/Guardians _____

Annual Household Income: _____

High School: _____

Expected graduation: _____ GPA: _____ ACT&/orSAT: _____

History of your Basketball Career at Tiffin Columbian High School:

Freshman: _____

Sophomore: _____

Junior: _____

Senior: _____

Other extra-curricular activities during High School

College or University you will be attending in the fall

Expected graduation date: _____

Career goal: _____

Other sources of scholarship or financial assistance: _____ Please include dollar amount for each.

Questions? Contact:
The Tiffin Community Foundation

31 S. Washington Street
Tiffin, OH 44883

419.448.1791
567.220.6496 (fax)
info@tiffinfoundation.org

Scholarship Application

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Name of Applicant: _____

Work Experience:

I am available for an interview with the Scholarship Trustees on the following days and times:

Day of the week:

Time of day available:

I hereby give permission for a scholarship fund advisor to contact any of my teachers, past or current employers, coaches, guidance counselors, or educational or professional schools I have attended for additional information about my scholastic attendance, performance, financial circumstances and references.

I understand that the information set forth in this application may be shared with a scholarship fund advisory committee. I acknowledge that all information contained in this application and attachments is true. I understand that this application and its attachments will become the property of The Tiffin Community Foundation and will not be returned to me, the applicant.

Applicant's signature Date: _____

Applicant's Parent/Guardian signature Date: _____

Applicant's Parent/Guardian signature Date: _____

For Tiffin Community Foundation Use

Date received: _____ Complete? yes no Contacted applicant: _____

Submitted completed application and attachments to Scholarship Trustees: _____

Recommendation: _____

Questions? Contact:
The Tiffin Community Foundation

31 S. Washington Steet
Tiffin, OH 44883

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567.220.6496 (fax)
info@tiffinfoundation.org