

THE JOHN L. AND MARY I. EICHHORN FAMILY SCHOLARSHIP



Application Guidelines

The John L. and Mary I. Eichhorn Family Scholarship Fund has been established to honor the memory of their daughter Carol who graduated from Calvert High School in 1978. This scholarship will be awarded to a graduating senior from Calvert Catholic Schools who is pursuing a degree in a medical field. The recipient will be the person who has most shared, in the judgment of the scholarship trustees, Carol's same values of service with dignity to those with impaired health, and is pursuing a career in a medical field to provide for the care and healing of those in need.

Scholarships in the amount of at least \$1000 will be awarded annually. This scholarship may be used for tuition, books and fees.

The scholarship trustees are not affiliated with Calvert High School. 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.

A typed essay of approximately 350 words explaining why you are passionate about pursuing a career in the medical field, shall be submitted with the attached application form. Any graduating senior from Calvert Catholic Schools in Tiffin, Ohio may apply.

**Submit your completed application and essay to
your school counselor by March 31**

The John L and Mary I Eichhorn Family Scholarship Fund
is a component fund of The Tiffin Community Foundation, Inc.
which maintains exclusive legal control.



The John L and Mary I Eichhorn Family Scholarship Fund



Application

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Deadline March 31

Deliver completed application to
Your school counselor

Attachments:

- List of extracurricular activities
- Current transcript of education.
- Letters of recommendation
- 350 word essay describing why you are passionate about pursuing a career in the medical field.

Name: _____

Address: _____ **County:** _____

Date of Birth: _____ **Place of birth:** _____

Home Phone: _____ **Cell:** _____

Email: _____

Name of Parents/Guardians _____

High School: _____

Year graduating: _____ **GPA:** _____ **ACT &/or SAT:** _____

College or University you are planning to attend: _____

Major/minor: _____ **Expected graduation date:** _____

Career goal: _____

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

Work Experiences including high school work-study programs:

I am available for an interview with the Scholarship Trustees if necessary:

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: _____
