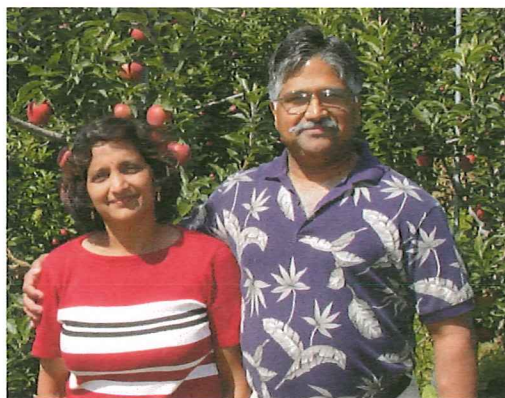


THE GARLAPATI FAMILY SCHOLARSHIP



Application Guidelines

The Garlapati Family Scholarship is awarded to a graduating senior in the Tiffin Schools each year. The recipients will be those students who have best demonstrated leadership to prevent bullying at their school or in their community.

This scholarship will be offered to students at Tiffin Public Schools as well as those at Calvert Catholic Schools. This scholarship will be paid to the college or university of the student's choice after the billing statement is mailed, faxed or e-mailed-attached to The Tiffin Community Foundation, Inc.

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



The Garlapati Family Scholarship Fund
is a component fund of The Tiffin Community Foundation, Inc.,
which maintains exclusive legal control.

The Garlapati Family Scholarship Fund


Application

Page 1 of 2

Deadline March 31

Deliver completed application to
Your school counselor

Attachments:

- List of extracurricular activities
- Current transcript of education.
-  Letter of recommendation
- Essay describing your leadership role in preventing bullying in your school or community.



Name: _____

Address: _____ **County:** _____

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

Home Phone: _____ **Cell:** _____

Email: _____

Name of Parents/Guardians _____

Annual Household Income: _____

High School: _____

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

School currently attending: _____

If currently enrolled in college, what is your current GPA: _____

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

Career goal: _____

Work Experiences including high school work-study programs: _____

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.

Questions? Contact:
The Tiffin Community Foundation

31 S. Washington Steet
Tiffin, OH 44883

419.448.1791
567.220.6496 (fax)
info@tiffinfoundation.org

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: _____
