

COLE LUDWIG MEMORIAL SCHOLARSHIP



Application Guidelines

The Cole Ludwig Memorial Scholarship Fund has been established in honor and recognition of Cole Ludwig. His family would like to award this scholarship to a student that has demonstrated the same characteristics that Cole exemplified in his life. Cole was a scholar athlete at Tiffin Columbian High School. His fun loving sense of humor, loyalty, values and devotion to friends and family have left a lasting impression.

One scholarship in the amount of \$1,000 will be awarded annually. This scholarship will be awarded to a student from Tiffin Columbian High School.

All seniors graduating from Tiffin Columbian High School that meet the following criteria may apply:

1. A minimum GPA of 2.5 at time of application.
2. Have participated in an organized sport freshman, sophomore, junior and senior year.
3. Acceptance to a fully accredited four-year college or university.

Qualified candidates should complete the application and submit an essay explaining why they would be an excellent recipient of this scholarship.

The scholarship committee will consist of a Ludwig family member, a Tiffin Middle School teacher and a member of the Tiffin Columbian High School football coaching staff. 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
your school counselor by March 31**

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



Cole Ludwig Memorial Scholarship Fund Application



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Deadline March 31

Deliver completed application to
Your school counselor

Attachments:

Essay

Current transcript of education.

Name:

Address:

County:

Date of Birth:

Place of birth:

Home Phone:

Cell:

Email:

Name of Parents/Guardians

Annual Household Income:

High School:

Year of graduation:

GPA:

ACT &/or SAT:

College you plan to attend:

Major/Minor:

Career Goal:

Sport(s) participated in and years:

Work Experiences including high school work-study programs:

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: _____
