

## The Donna Warns March and Donald R March Scholarship



### Application Guidelines

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**The Donna Warns March and Donald R March Scholarship Fund** was established at The Tiffin Community Foundation in 2011 by Donna and Don March to show their interest and commitment to Hopewell-Loudon education. This scholarship is awarded annually to a qualified, graduating senior of Hopewell-Loudon School.

This scholarship is awarded to a graduating Hopewell-Loudon senior who is pursuing a post secondary degree in a four year program at the college or university of their choice in the academic year immediately following high school graduation. The recipient will be a well-rounded student maintaining at least a 3.0 grade point average for the seven (7) semesters preceding the semester of graduation and shall participate in extra-curricular school and non-school activities.

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

The scholarship committee will consist of the high school principal, school counselor, and teacher.

**Submit your completed application to  
Hopewell-Loudon High School  
By March 31**

The Donna Warns March and Donald R March Scholarship Fund is a component fund of The Tiffin Community Foundation, Inc., which maintains exclusive legal control.



# The Donna Warns March and Donald R. March Scholarship Fund



## Application

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**Deadline March 31**

Deliver completed application to your Senior Guidance Counselor

Attachments:

- Current transcript of education.
- List of extra-curricular activities
- 1 letter of recommendation
- Essay describing self, educational & career goals including why you should receive this scholarship.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

Father's employment information: \_\_\_\_\_

Mother's employment information: \_\_\_\_\_

Siblings who are enrolled in college \_\_\_\_\_ Expected to graduate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

High School: \_\_\_\_\_

Year graduated: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT&/orSAT: \_\_\_\_\_

School currently attending: \_\_\_\_\_

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

Major/minor: \_\_\_\_\_

Career goal: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## Scholarship Application

Questions? Contact:  
The Tiffin Community Foundation

31 S. Washington Steet  
Tiffin, OH 44883

419.448.1791  
567.220.6496 (fax)  
info@tiffinfoundation.org

Name of Applicant: \_\_\_\_\_

**Work Experience:**

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

Day of the week:

Time of day available:

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_