THE URBAN & DOROTHY ARBOGAST MEMORIAL SCHOLARSHIP FUND



Application Guidelines

The Urban & Dorothy Arbogast Memorial Scholarship Fund has been established to honor the legacy built by Urban and Dorothy Arbogast who farmed all their lives demonstrating good work ethic, honesty and love for family, community, and church. To continue their practice of "giving back", this fund will provide academic scholarships to Seneca East High School seniors. Preference may be given to any applicant who is furthering their career in the field of Agriculture.

Scholarships in the amount of at least \$2000 will be awarded annually. This scholarship may be used for tuition, books and fees.

A typed essay of approximately 350 words explaining what field you are pursuing in college and why you have a passion for this chosen field, shall be submitted with the attached application form. To be eligible, students must be planning to attend a certified Trade School, a 2-year Community College, or a 4 year College or University.

The scholarship committee will consist of a Tiffin Community Foundation board member, an Arbogast family member, and a representative of the Seneca East Local Schools faculty. 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 Urban and Dorothy Arbogast Memorial Scholarship Fund Application Attachments: ☑



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Deadline March 31
Deliver completed application to
Your School Counselor

Atta	achments: ☑
	Completed application form
П	Response to the short assay question

Name:	
Street Address:	City:
Home Phone: Cell:	
Email:	
Date of Birth:	
Name of Parents/Guardians	
High School:	GPA:
Year Graduating:	
Work Experiences including high school work-study programs:	
College you plan on attending:	
Please submit a short essay on a separate page about what field and why you have a passion for that field.	you will be pursuing in college
I hereby give permission for a scholarship fund advisor to contact any coaches, guidance counselors, or educational or professional schools about my scholastic attendance, performance, financial circumstance	I have attended for additional information
I understand that the information set forth in this application may be st committee. I acknowledge that all information contained in this applic I understand that this application and its attachments will become the and will not be returned to me, the applicant.	ation and attachments is true.
Applicant's signature	Date:
Applicant a alginature	Doto
Applicant's Parent/Guardian signature	Date:
Applicantle Perant/Cuardian aignature	Date:
Applicant's Parent/Guardian signature	

Questions? Contact:
The Tiffin Community Foundation

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