

THE HOUTZ FAMILY SCHOLARSHIP FUND



Application Guidelines

Opened in 2024, **The Houtz Family Scholarship Fund** will provide scholarships for seniors at Lakota High School. Nancy Houtz served on the Lakota School Board as well as the Board of Vanguard Sentinel at the time the new building was built in Tiffin. Her husband Bill was a Boy Scout leader and both he and Nancy served many years on the Sandusky County School Board. Nancy and Bill were both very committed to education and especially career training. The Houtz Family has established this scholarship fund to further their legacy of leadership and passion for children's education.

One scholarship in the amount of \$1,000 will be awarded annually during awards night to one student from Lakota High School.

The scholarship trustees will select the winning finalist. Interviews with applicants may be scheduled in the event more information is needed.

Any senior graduating from Lakota High School who meets the following criteria may apply:

1. 2.5 or higher GPA.
2. Acceptance to a two or four-year college or university.
3. Participation in a community, extracurricular or other organizational activity.

A typed essay of 250-350 words shall be submitted with the attached application form, along with one letter of recommendation.

Submit your completed application and essay to your guidance counselor by March 31

The Houtz Family Scholarship Fund is a component fund of The Tiffin Community Foundation which maintains exclusive legal control



The Houtz Family Scholarship



Application

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Deadline March 31

Deliver completed application to your
Senior Guidance Counselor

Attachments:

- Current transcript of education
- List of activities
- Essay describing how you exemplify a mature sense of hard work, moral values, devotion to family and work, and why you should receive this scholarship.

Name: _____

Address: _____

Date of birth: _____ Place of birth: _____

Home phone: _____ Cell: _____

Email: _____

Name of Parents/Guardians _____

High School: _____

Year graduated: _____ GPA: _____ ACT&/orSAT: _____

School planning to attend: _____

Course of Study: _____

Career goal: _____

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

Work Experience: _____

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: _____