

**INSTRUCTIONS FOR PREPARING APPLICATION FOR
MAY EMMA HOYT FOUNDATION SCHOLARSHIP
DEPENDENT APPLICANT**

**READ THESE INSTRUCTIONS CAREFULLY AND KEEP FOR FUTURE
REFERENCE!!**

ALL APPLICATIONS MUST BE POSTMARKED AND RETURNED TO: **THE HOYT FOUNDATION, P.O. BOX 788, NEW CASTLE, PA 16103** NO LATER THAN THE **THIRD FRIDAY IN AUGUST**. INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER THAT DAY WILL NOT BE ELIGIBLE FOR SCHOLARSHIP CONSIDERATION.

ALL APPLICATIONS (DEPENDENT AND EMANCIPATED) MUST INCLUDE THE FOLLOWING: (USE AS A CHECKLIST TO PREPARE YOUR APPLICATION). ALL SUBMITTED PAPERS MUST BE UNIFORM IN SIZE (8 ½ X 11) AND ONE-SIDED.

MAKE SURE THAT YOU COMPLETE THE CORRECT APPLICATION. IF YOU CONTINUE TO BE A DEPENDENT FOR YOUR PARENT(S), YOU SHOULD COMPLETE THE “DEPENDENT” APPLICATION. HOWEVER, IF YOU ARE NOT, IF YOU ARE SUPPORTING YOURSELF, YOU SHOULD COMPLETE THE “EMANCIPATED” APPLICATION.

_____ **PART I – FAMILY**

_____ **PART II – FINANCIAL**

_____ COPIES OF THE **COMPLETE** FEDERAL INCOME TAX RETURNS FOR BOTH PARENTS (THIS MAY BE A JOINT TAX RETURN) AND FOR THE APPLICANT. NOTE, THERE MAY BE THREE TAX RETURNS. IF NO FEDERAL INCOME TAX RETURN IS FILED FOR ANY OF THE FOREGOING, COPIES OF THE PA TAX RETURN AND, TO THE EXTENT NO TAX RETURNS ARE FILED, AN EXPLANATION.

_____ A COPY OF THE INVOICE FROM YOUR SCHOOL FOR THE FALL SEMESTER. THIS MUST INCLUDE ALL GRANTS, SCHOLARSHIPS, LOANS, INCLUDING FAFSA SUPPORT, ETC. IF THIS IS INCONSISTENT WITH YOUR APPLICATION, THE SCHOLARSHIP COMMITTEE MAY WITHDRAW ANY SCHOLARSHIP AID.

_____ **PART III – SCHOLASTIC**

_____ YOUR MOST-RECENT GRADE TRANSCRIPT
_____ A COPY OF ACCEPTANCE LETTER (IF YOU ARE A COLLEGE FRESHMAN).

_____ **PART IV – FINANCIAL INFORMATION**

_____ **PART V – PERSONAL WRITTEN STATEMENT**

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IF YOUR PARENTS ARE SEPARATED, DIVORCED, OR DECEASED, YOU MUST EXPLAIN THE FINANCIAL SUPPORT GIVEN TO YOU BY BOTH PARENTS.

IF YOU RECEIVE A GRANT, IT WILL BE DESIGNATED FOR THE ENTIRE SCHOOL YEAR. THE GRANT WILL BE DIVIDED INTO TWO TERMS, ONE-HALF WILL BE PAID FOR THE FALL TERM; AND, IF YOU QUALIFY ACADEMICALLY, A LIKE AMOUNT WILL BE PAID FOR THE SPRING TERM. IN ORDER TO QUALIFY FOR THE SPRING TERM, A **TRANSCRIPT** OF YOUR FIRST TERM GRADES “**AND**” AN **INVOICE** FOR THE SPRING SEMESTER MUST BE SUBMITTED TO THE HOYT FOUNDATION. YOUR TRANSCRIPT WILL BE REVIEWED, AND A DETERMINATION AS TO YOUR ELIGIBILITY FOR THE SECOND TERM WILL BE MADE. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL 724-535-1280.

IF YOU BELIEVE THAT THE RESPONSE TO ANY SPECIFIC QUESTION IS INCOMPLETE, MISLEADING OR INACCURATE, PLEASE ATTACH AN EXPLANATION.

NOTE: IF YOU ARE UNABLE TO ATTACH ANY OF THE REQUIRED DOCUMENTATION, PLEASE ATTACH AN EXPLANATION.

MAY EMMA HOYT FOUNDATION SCHOLARSHIP APPLICATION

DEPENDENT APPLICANT

DATE: _____

PART I – FAMILY

- 1) NAME OF STUDENT: _____
- 2) HOME ADDRESS: _____
- 3) STUDENT I.D. #: _____ if none, last 4 digits of SS #: _____
- 4) PHONE # AND E-MAIL: _____
- 5) DATE OF BIRTH: _____
- 6) FATHER'S NAME: _____
- 7) FATHER LIVING: YES _____ NO _____
- 8) MOTHER'S NAME

- 9) MOTHER LIVING: YES _____ NO _____
- 10) PARENTS LIVING TOGETHER/SEPARATED:
TOGETHER _____ SEPARATED _____
- 11) GUARDIAN'S NAME (If applicable):

- 12) ADDRESS OF CUSTODIAL PARENT: _____

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<p>INTERNAL USE ONLY: Scholarship Committee Action: Approved: _____ Denied: _____ Reason: _____ Signature: _____, President</p>
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- 13) OCCUPATION OF PARENTS – FATHER: _____

- MOTHER: _____

- GUARDIAN: _____

14) NAME OF EMPLOYER - FATHER: _____

- MOTHER: _____

15) GUARDIAN: _____

PART II – FINANCIAL

1) VALUE OF ASSETS OWNED BY FAMILY: USE ATTACHMENT IF NECESSARY
HOME \$ _____
OTHER: _____

2) MORTGAGE BALANCE: AMOUNT: \$ _____
MONTHLY PAYMENT: \$ _____ CURRENT? Yes _____ No _____

3) AMOUNT OF OTHER INDEBTEDNESS? \$ _____
DESCRIBE: _____

4) HAVE YOU ACCUMULATED FUNDS TOWARD YOUR COLLEGE EXPENSES?
Yes _____ No _____ Amount _____

5) WHAT TYPES OF WORK HAVE YOU DONE? _____

6) IF PARENTS DIVORCED, ITEMIZE SUPPORT RECEIVED FROM BOTH PARENTS _____

PART III – SCHOLASTIC “ALL APPLICANTS”

1) HIGH SCHOOL ATTENDED: _____

2) CLASS STANDING: _____

3) SAT/ACT GRADES: _____

4) GRADE AVERAGE: _____

5) ACTIVITIES IN SCHOOL: _____

- 6) COLLEGE ATTENDING: _____
- 7) MAJOR COURSE OF STUDY: _____
- 8) NUMBER OF YEARS OF STUDY REQUIRED: _____

“UPPERCLASSMEN ONLY”

- 9) YEAR OF SCHOOL JUST COMPLETED: _____
- 10) LATEST GRADE AVERAGE: _____

PART IV – FINANCIAL INFORMATION

- 1) REASON FOR APPLYING FOR SCHOLARSHIP:

- 2) HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS? Yes___ No___
HAVE YOU APPLIED FOR ANY LOANS? Yes___ No___

- 3 (a) IF YOU ANSWERED “Yes”, PLEASE LIST ALL SCHOLARSHIPS AND LOANS:

- 3(b) IF YOU HAVE ANSWERED “No”, PLEASE EXPLAIN WHY YOU HAVE NOT APPLIED ELSEWHERE.

- 4) HAVE YOU RECEIVED OR BEEN APPROVED FOR ANY SCHOLARSHIPS OR FOR ANY LOANS: Yes___ No___

- 5) IF YOU ANSWERED “Yes”, PLEASE LIST ALL SCHOLARSHIPS AND LOANS INCLUDING THE SOURCE AND THE AMOUNT:

- 6) PLEASE PROVIDE A COPY OF THE FALL INVOICE FROM YOUR SCHOOL SHOWING ALL CHARGES (TUITION, ROOM/BOARD, ETC.) AND ALL CREDITS (GRANTS, LOANS, SCHOLARSHIPS, ETC.). IT IS IMPORTANT THAT THE FOUNDATION HAS AN ITEMIZED INVOICE BECAUSE, FOR EXAMPLE, THE FOUNDATION IS PROHIBITED BY THE TAX CODE FROM MAKING ANY SCHOLARSHIP DISTRIBUTION FOR THE PURPOSE OF ROOM AND BOARD, AND LIKE EXPENDITURES.

NOTE: THE SCHOLARSHIP COMMITTEE CAREFULLY CONSIDERS ALL OTHER AID AVAILABLE TO THE APPLICANT. THEREFORE, IF ANY OF THE ABOVE INFORMATION IS INCONSISTENT WITH THE FINAL INVOICE FROM YOUR SCHOOL, IT MAY CAUSE THE SCHOLARSHIP COMMITTEE TO ADJUST OR ELMINATE YOUR SCHOLARSHIP AID.

PART V – PERSONAL WRITTEN STATEMENT

PLEASE PREPARE A WRITTEN STATEMENT, ON A SEPARATE SHEET OF PAPER, OF NOT MORE THAN 300 WORDS SUMMARIZING ACTIVITIES, ACCOMPLISHMENTS, HONORS AND AWARDS RECEIVED, AND OBJECTIVE OF FURTHER EDUCATION, AS WELL AS SPECIAL CIRCUMSTANCES SURROUNDING THE FAMILY FINANCIAL SITUATION. PLEASE DO NOT USE LINED NOTEBOOK PAPER. USE COPY PAPER, PLEASE.

IF YOU HAVE PREVIOUSLY RECEIVED SCHOLARSHIP AID FROM THE HOYT FOUNDATION, PLEASE LIST AMOUNT(S) AND DATE(S) RECEIVED.

DATE	AMOUNT	DATE	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION

WE, THE UNDERSIGNED, HEREBY STATE THAT THE QUESTIONS CONTAINED IN THIS APPLICATION HAVE BEEN ANSWERED TRUTHFULLY AND ACCURATELY TO THE BEST OF OUR KNOWLEDGE. I HEREBY GRANT PERMISSION TO THE HOYT FOUNDATION TO REVIEW MY ACADEMIC RECORDS FROM HIGH SCHOOL AND ANY POST-SECONDARY INSTITUTION. FURTHER, I HEREBY GRANT THE HOYT FOUNDATION PERMISSION TO COMMUNICATE DIRECTLY WITH MY PARENTS OR GUARDIANS.

APPLICANT _____

PARENT/GUARDIAN/SPOUSE _____

Hoyt Foundation
Financial Aid Release Form

First Name: _____ Last Name: _____ Current Term: _____
Student ID: _____ Phone #: _____ Last 4 digits of SS#: _____
Student Signature Release: _____ Date: _____

MUST BE COMPLETED BY FINANCIAL AID OFFICE
ALL FIELDS TO BE COMPLETED FOR CURRENT TERM ONLY!
DUE NO LATER THAN THE THIRD FRIDAY OF AUGUST

Calendar System: Semester Trimester Quarter School Name: _____
Current Quarter or Term (check one): _____
 Fall Winter Spring Summer Campus: _____

Number of credit hours this term: _____

Has student filed the FAFSA form (check one): yes No. Cost of Attendance per term: \$ _____
As defined by the Higher Ed Act - tuition, fees, room, board, transportation, supplies, etc

Tuition/Fees per term: \$ _____

Does student live (check one) On Campus Off Campus - If on campus, house costs: \$ _____

Does the student have a meal plan? yes No. If yes, meal plan cost: \$ _____

Pell Grant Amount Receive (per term) \$ _____

*If Pell is not available indicate why: EFC too high Academic Suspension Ineligible why: _____

Subsidized Loans (Check all that apply) Offered Accepted Declined \$ _____
(enter amount offered even if declined)

Unsubsidized Loans (check all that apply) Offered Accepted Declined \$ _____
(enter amount offered even if declined)

Grant/scholarships (current term only):

- 1) _____ \$ _____ Specific to tuition? yes no
- 2) _____ \$ _____ Specific to tuition? yes no
- 3) _____ \$ _____ Specific to tuition? yes no
- 4) _____ \$ _____ Specific to tuition? yes no

Total Amount owed to school after all aid has been applied \$ _____

Preparer's Signature: _____ Print Name: _____ Date: _____
Direct Phone #: _____ Email Address: _____

PLEASE FORWARD TO THE MAY EMMA HOYT FOUNDATION
Fax number: 724-535-1280 / Email: jaimie1kopp@gmail.com
Please do not include a fax cover sheet