

**INSTRUCTIONS FOR PREPARING APPLICATION FOR  
MAY EMMA HOYT FOUNDATION SCHOLARSHIP  
EMANCIPATED 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 OR 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**

\_\_\_\_\_ COPY OF YOUR MOST -RECENT FEDERAL INCOME TAX RETURN . IF NO FEDERAL INCOME TAX RETURN IS FILED A COPY OF THE PA TAX RETURN AND, TO THE EXTENT NO TAX RETURN IS 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**

**INSTRUCTION PAGE - 2 -**

IF YOU ARE A SEPARATED OR DIVORCED PERSON, YOU MUST SUBMIT DOCUMENTATION OF THE FINANCIAL SUPPORT GIVEN TO YOU BY YOUR SPOUSE OR FORMER SPOUSE.

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.



- 13) CHILDREN:
- | NAME  | AGE   | DEPENDENT UPON APPLICANT |         |
|-------|-------|--------------------------|---------|
| _____ | _____ | YES_____                 | NO_____ |
| _____ | _____ | YES_____                 | NO_____ |
| _____ | _____ | YES_____                 | NO_____ |
| _____ | _____ | YES_____                 | NO_____ |

**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? \_\_\_\_\_  
 \_\_\_\_\_

**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 ANSWERD “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 ELIMINATE 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.

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

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

**CERTIFICATION**

I, THE UNDERSIGNED, HEREBY STATE THAT THE QUESTIONS CONTAINED IN THIS APPLICATION HAVE BEEN ANSWERED TRUTHFULLY AND ACCURATELY TO THE BEST OF MY KNOWLEDGE.

APPLICANT \_\_\_\_\_

**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

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PLEASE FORWARD TO THE MAY EMMA HOYT FOUNDATION  
Fax number: 724-924-8111 / Email: jaimielkopp@gmail.com  
Please do not include a fax cover sheet