

**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 MAY EMMA HOYT FOUNDATION, P.O. BOX 788, NEW CASTLE, PA 16103** no later than the **SECOND FRIDAY IN JULY**. Incomplete applications or applications received after that day will not be eligible for scholarship consideration.

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 “Independent” application.

Use the next 2 pages as a checklist to prepare your application. **All submitted papers must be uniform in size (8 ½ x 11) and one-sided.**

Both applications (Dependent and Independent) must include the following:

\_\_\_\_\_ **PART I – FAMILY**

\_\_\_\_\_ **PART II – FINANCIAL**

\_\_\_\_\_ Include a copy of your Student Aid Index (SAI), formerly the Expected Family Contribution. If you did not receive an SAI, you must include: 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, provide copies of the PA tax return and, to the extent no tax returns are filed, an explanation.

\_\_\_\_\_ Fill in the top portion of the attached Financial Aid Release form then forward to your school for completion. Your school will forward the completed form to the Foundation.

\_\_\_\_\_ Include a copy of the invoice from your school for the fall semester. This must include all grants, scholarships, loans, including FASFA support, etc. If this is inconsistent with your application, the scholarship committee may withdraw any scholarship aid.

\_\_\_\_\_ **PART III – SCHOLASTIC**

\_\_\_\_\_ Include your most recent grade transcript  
\_\_\_\_\_ Include a copy of acceptance letter (if you are a college freshman).

\_\_\_\_\_ **PART IV – FINANCIAL INFORMATION**

\_\_\_\_\_ **PART V – PERSONAL STATEMENT**

## **INSTRUCTIONS PAGE -2-**

If your parents are separated, divorced, or deceased, you must explain the financial support given to you by both parents.

If you receive a scholarship, it will be designated for the entire school year. The scholarship 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 May Emma Hoyt Foundation. Your transcript and invoice will be reviewed and a determination as to your eligibility for the second term will be made. Note, for any subsequent years, if you continue to be eligible for the May Emma Hoyt Foundation Scholarship, you must reapply. If you have any questions, please feel free to call 724-924-8111.

If you believe that the response to any specific question is incomplete, misleading or inaccurate, please attach an explanation.

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 COLLEGE I.D. #: \_\_\_\_\_ If none, last 4 digits of SS #: \_\_\_\_\_
- 4) LAND LINE/CELL #: \_\_\_\_\_
- 5) PERSONAL OR COLLEGE E-MAIL: \_\_\_\_\_
- 6) DATE OF BIRTH: \_\_\_\_\_
- 7) FATHER'S NAME: \_\_\_\_\_
- 8) FATHER LIVING: YES \_\_\_\_\_ NO \_\_\_\_\_
- 9) MOTHER'S NAME: \_\_\_\_\_
- 10) MOTHER LIVING: YES \_\_\_\_\_ NO \_\_\_\_\_
- 11) PARENTS LIVING TOGETHER/SEPARATED:  
TOGETHER \_\_\_\_\_ SEPARATED \_\_\_\_\_
- 12) GUARDIAN'S NAME (If applicable):  
\_\_\_\_\_
- 13) ADDRESS OF CUSTODIAL PARENT: \_\_\_\_\_  
\_\_\_\_\_

=====

<b>INTERNAL USE ONLY:</b>		
Scholarship Committee Action:	Approved: _____	Denied: _____
Reason: _____		
Signature: _____, President		

- 14) OCCUPATION OF PARENTS – FATHER: \_\_\_\_\_  
 - MOTHER: \_\_\_\_\_  
 - GUARDIAN: \_\_\_\_\_
- 15) NAME OF EMPLOYER - FATHER: \_\_\_\_\_  
 - MOTHER: \_\_\_\_\_  
 -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**

- 1) HIGH SCHOOL ATTENDED: \_\_\_\_\_
- 2) CLASS RANK: \_\_\_\_\_
- 3) SAT/ACT SCORES: \_\_\_\_\_
- 4) WEIGHTED GRADE AVERAGE: \_\_\_\_\_
- 5) SCHOOL ATTENDING: \_\_\_\_\_
- 6) COURSE OF STUDY: \_\_\_\_\_

7) NUMBER OF YEARS OF STUDY REQUIRED: \_\_\_\_\_

8) YEAR OF EDUCATION JUST COMPLETED: \_\_\_\_\_

**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 STATEMENT**

PLEASE PREPARE AND ATTACH A SHORT ESSAY 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**

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 \_\_\_\_\_

**MAY EMMA HOYT FOUNDATION  
FINANCIAL AID RELEASE FORM**

**THE FOLLOWING SECTION MUST BE COMPLETED BY THE  
FINANCIAL AID OFFICE FOR THE CURRENT TERM ONLY**

School Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Calendar System: \_\_\_ Semester \_\_\_ Trimester \_\_\_ Quarter

Current Quarter or Term (check one): \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

Number of credit hours this term: \_\_\_\_\_ Has student filed FASFA: \_\_\_ Yes \_\_\_ No

If yes, please list the Student Aid Index (SAI) (Previously EFC) \$ \_\_\_\_\_

Tuition per term: \$ \_\_\_\_\_

Does student live: \_\_\_ Off Campus \_\_\_ On Campus (R&B Cost) \$ \_\_\_\_\_

Does the student have a meal plan? \_\_\_ No \_\_\_ Yes (Meal Plan Cost) \$ \_\_\_\_\_

Pell Grant Amount Received per term: \$ \_\_\_\_\_

\*If not eligible for the PELL Grant, please indicate why: \_\_\_\_\_

Subsidized Loans (Check all that apply): \_\_\_ Offered \_\_\_ Accepted \_\_\_ Declined: \$ \_\_\_\_\_

Unsubsidized Loans (Check all that apply): \_\_\_ Offered \_\_\_ Accepted \_\_\_ Declined: \$ \_\_\_\_\_

Grants/Scholarships (Current Term):

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

3) \_\_\_\_\_ \$ \_\_\_\_\_

4) \_\_\_\_\_ \$ \_\_\_\_\_

5) \_\_\_\_\_ \$ \_\_\_\_\_

Total amount owed to school after all aid has been applied (direct costs – financial aid) \$ \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE FORWARD TO THE MAY EMMA HOYT FOUNDATION**

**DEADLINE: SECOND FRIDAY OF JULY**

**Fax: 724-924-8111 / Email: [jaimie1kopp@gmail.com](mailto:jaimie1kopp@gmail.com) (jaimie #1, not alphabetical "I")**

**Please do not include a fax cover sheet**