

**INSTRUCTIONS FOR PREPARING APPLICATION FOR
MAY EMMA HOYT FOUNDATION SCHOLARSHIP
INDEPENDENT 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 1/2x11) and one-sided.**

Both applications (Dependent or 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: 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.

_____ 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 FAFSA 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**

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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 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 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

INDEPENDENT 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) SPOUSE'S NAME: _____
- 8) SPOUSE LIVING: YES _____ NO _____
- 9) APPLICANT & SPOUSE LIVING: TOGETHER ___ SEPARATED ___ DIVORCED ___
- 10) IF SEPARATED OR DIVORCED, DOES SPOUSE CONTRIBUTE TO APPLICANT AND/OR FAMILY? YES _____ NO _____
- 11) OCCUPATION OF APPLICANT: _____
- 12) OCCUPATION OF SPOUSE: _____
- 13) NAME OF EMPLOYER - APPLICANT: _____
- SPOUSE: _____

INTERNAL USE ONLY:

Scholarship Committee Action: Approved: _____ Denied: _____

Reason: _____

Signature: _____, President

- 14) 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

- 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 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 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

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 _____

**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 (jaimie #1, not alphabetical "I")

Please do not include a fax cover sheet