

**The David J. Joseph Company  
Scholarship Fund  
Application for Fall 2021**

**Application deadline: April 30, 2021**

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Parent Employment Information**

Parent Employed by:    DJJ                  TPR                  RMR                  MRS  
   TMR                  AMR                  WMR                  UPAP

Parent's Name: \_\_\_\_\_

Location Employed: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

**Please check which year you will enter this fall:**

Freshman      Sophomore                  Junior                  Senior

**College or vocational school attending or applied to:**

1<sup>st</sup> choice: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_

3<sup>rd</sup> choice: \_\_\_\_\_

4<sup>th</sup> choice: \_\_\_\_\_

Intended major: \_\_\_\_\_

High School Attended: \_\_\_\_\_

Date of Graduation or GED: \_\_\_\_\_ High School GPA: \_\_\_\_\_

Rank \_\_\_\_\_ of \_\_\_\_\_ College Cumulative GPA/4.0 Scale, if applicable: \_\_\_\_\_

**Tell us about your high school and/or college experience (attach additional sheets as necessary to answer the questions completely):**

**School Activities (include activity, any position of leadership held, and years participated):**

**Community service/volunteer activities (include activity, any position of leadership held, hours involved, and years involved):**

**Other activities or leadership experience:**

**It will not be possible to have personal interviews with applicants. Therefore, please write in the space below anything that you would like to share with the Scholarship Selection Committee for their consideration, for example:**

- **your purpose in further education;**
- **your career objectives and future goals;**
- **things you have accomplished which have given you great personal satisfaction;**
- **letters of recommendation for school officials.**

**Financial Information (will only be considered as necessary as a “tiebreaker”)**

2020 Annual Family Income (include earnings from employment, Social security, public assistance, unemployment benefits, Workers’ Compensation).

Parents: \_\_\_\_\_

Student’s: \_\_\_\_\_

Number of children living at home (including applicant): \_\_\_\_\_

How many family members will be in college in the fall? \_\_\_\_\_

**Any unusual expenses? If so, explain:**

We certify that all statements contained in this application are true and accurate. We understand the eligibility requirements and believe that I am eligible to apply for a scholarship under the provisions and conditions outline in the materials provided. I authorize my school to provide information to the **Cincinnati Scholarship Foundation**, including confidential transcripts. We understand we may be contacted by a representative of the Cincinnati Scholarship Foundation should any clarification by necessary.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please save this application using your name and the date of completion (janedoe 1-31-2021) then email it to [beth@cincinnati-scholarship-foundation.org](mailto:beth@cincinnati-scholarship-foundation.org).

Also, please attach to that email your most recent transcript and your letter of recommendation (both of which are required), as well as any other supporting documents you may wish to send to augment your application.