

2019 Award Application Form

DAVID L. HAY SCHOLARSHIP FOUNDATION
P.O. Box 9241
Michigan City, IN 46361

Please type or neatly print. Unreadable or incomplete applications will not be considered.

I. PERSONAL INFORMATION

Name _____ Date of birth _____

Home address _____ City/State/Zip _____

Best phone number to contact you at (cell preferred) : _____

Best e-mail address to contact you at: _____

Away-from-home address _____
(if different from above)

Marital status: Never married ___ Married ___ Previously married ___ (no. of children) ___

Current employer (if any) _____ Length of time employed _____

II. SCHOOL INFORMATION

H.S. attended _____ Year graduated _____ Cumulative GPA _____

College attended _____ Year graduated _____ Cumulative GPA _____

Accepted at ___ or attending ___ a graduate or professional school Cumulative GPA _____
(if applicable)

Name of institution _____ Location _____

Present or expected fields of study _____

Expected graduation date _____ Type of degree expected _____

You must include copies of officially-obtained or transmitted copies of college and (if applicable) graduate or professional school transcripts or official proof of acceptance or current enrollment at the graduate or professional school. High school transcripts are NOT required. Failure to provide college and any graduate/professional school transcripts will disqualify you from review.

III. PARENT/GUARDIAN INFORMATION (if you are not self-supporting)

Father/adult guardian name _____

Address _____ Phone # _____ - _____ - _____

Employer _____ How long employed there _____

Mother/adult guardian name _____

Address _____ Phone # _____ - _____ - _____

Employer _____ How long employed there _____

IV. ESTIMATED/ACTUAL SCHOOL YEAR BUDGET

NOTE: This section must be completed **IN FULL** for this application to be considered. Provide a complete estimated budget of sources and uses of funds for next year. *Total sources (including any/all pending scholarship requests) must equal total uses or we can't consider the application.*

Sources		Uses	
Amounts to be received from parents/guardians		Tuition and fees for the year	
Personal savings to be used		Room or housing expenses	
Amount expected from part-time work during school year		Board or food expenses	
Amount expected from this summer's work		Books & school supplies	
Other sources (including other grants & loans requested)—attach a detailed list if needed		Commuting costs (if you plan to or do live at home)	
Amt requested from the David Hay Foundation (\$5,000 max)		Other uses (attach a list)	
Total Sources (must equal Total Uses)		Total Uses (must equal Total Sources)	

I/ we affirm this budget is my/our best estimate of sources and uses of funds for the school year.

Signature of applicant	Date
Signature of parent/guardian (if applicable)	Date

V. APPLICANT'S FINANCIAL INFORMATION (plus that of Parent(s)/Guardian(s), if applicant is not self-supporting)

Please complete the following items. All information will be handled in the strictest confidence. We require it to make a fully-informed decision on financial assistance needed and the amount the Foundation can provide. Feel free to discuss any special circumstances in an attachment.

Monthly mortgage ___ or rent ___ payment: \$ _____ If no payment, attach an explanation

of family in your household _____ # of family in college/grad school (including yourself) _____

INCOME INFORMATION for _____ (year)

NOTE: This section must be filled out IN FULL for your application to be considered.

	Applicant	Parent(s)/ guardian(s)
Salaries & wages		
Interest & dividend income		
Net income (loss) from business, farm, rentals, etc.		
Other income (including pensions, capital gain/(loss))		
Total income from all sources		

ASSET & LIABILITY INFORMATION OF APPLICANT (or of Parent(s)/Guardian(s))
(Estimated or Fair Market Value) as of _____

NOTE: This section must be filled out IN FULL for your application to be considered.

Assets		Liabilities (debts)	
Bank accounts (checking & saving)		Installment debt balance (incl credit cards/auto loans)	
Home		Home mortgage(s) balance	
Automobile(s)		Debt owed on other real estate or businesses	
Other real estate or business			
Other assets			
Total Assets		Total Liabilities	

I/ we affirm that the above information is correct & complete to the best of my/our knowledge:

Signature of applicant

Signature of parent/guardian
(if applicable)

Date

VIII. REFERENCES

Please provide the names, mailing addresses, phone numbers, and e-mail addresses (if known) of two people (not family members) who know you and are willing to discuss your achievements and goals. We will contact them if needed, so please obtain their permission to be listed here.

Name _____ E-mail _____

Mailing address _____ Phone ____ - _____

Name _____ E-mail _____

Mailing address _____ Phone ____ - _____

PLEASE INCLUDE ALL ATTACHMENTS WITH THIS APPLICATION (including college & any grad school transcripts, add'l information, and proof of grad school acceptance if not enrolled.

Please ensure you (and parent(s)/guardian(s), if applicable) sign this application where noted. You may submit the application and all attachments in two ways. You may mail it to:

David L. Hay Scholarship Foundation
4020 N 600 W
LaPorte, IN 46350

If you mail it, PLEASE DO NOT use certified mail. It is inconvenient for me to have to pick it up.

After filling out this form You may also e-mail it to me at drdave1955@comcast.net with attachments as pdf files. Feel free to contact me at this e-mail address to confirm I received an application you mailed to me.

For 2018, all complete applications must be postmarked by NOVEMBER 15th to be eligible for consideration. The Foundation will consider only complete applications, and no enclosures will be returned. You will be notified within 30 days whether or not you will be receiving the award.