

THE MARY ELIZABETH KELLER SCHOLARSHIP FUND
Of
Lorain County Retired Teachers Association

1. One or more scholarship grants, in the amounts of \$800 to \$1000, will be awarded in May of each year.
2. To qualify, the applicant should be *preparing for a career in the education profession* at any level: grades pre K-3, 4-9, 7-12, or multi-age license.
3. Applicants can be pursuing studies on a part-time or on a full-time basis. Applicants must have 60 semester hours/ 90 quarter hours or higher by fall of the next school year.
4. Applicants with teacher licensure are **not** eligible for the scholarship to maintain or renew their license or for additional coursework.
5. Applicants with a bachelor's degree who are returning to college pursuing Ohio teacher licensure are eligible to apply.
6. Applicants *must be residents of Lorain County and/or must have graduated from any high school located in Lorain County, Ohio*. Current high school seniors are *not* eligible to apply.
7. Usually, the award is announced at the May luncheon meeting of the Lorain County Retired Teachers' Association. If possible, the presentation is made to the award recipient at that meeting.
8. The scholarship grant will be distributed according to the discretion of the Scholarship Committee.
9. A student may be awarded this scholarship a maximum of two times.
10. Criteria to be used in selecting the finalists should include the following: college record (transcript) and activities, financial need, work experience, and two references from a recent college instructor/advisor. Special consideration will be given to the written response on the application form.
11. *The application, transcripts, and two references should be sent to the chairman of The Mary Elizabeth Keller Scholarship Fund Committee postmarked no later than **April 1**.*

The materials should be sent to the address shown below.

THE MARY ELIZABETH KELLER
SCHOLARSHIP COMMITTEE
c/o Marilyn Bauer
2312 Montague Ave.
Avon, OH 44011
email: keller@lorcorta.org

NAME: Last First Middle Telephone: (home) (cell)

ADDRESS: House No. & Street City State Zip

EMAIL ADDRESS: DATE OF BIRTH:

EDUCATION:

High School:

GEDT Year Graduated: Home Schooled: yes no

HIGH SCHOOL PROGRAMS: Circle any you participated in at LCCC or at high school and circle the years attended 9 10 11 12 and total number of college credits earned. (A college transcript must be sent as part of the application.) PSEO(post secondary) TEE TECH PREP

COLLEGE YOU CURRENTLY ATTEND:

Please circle: Full Time or Part Time ; Commute or Live on Campus

COLLEGE YOU PLAN TO ATTEND NEXT YEAR:

Please circle: Full Time or Part Time ; Commute or Live on Campus

In what area(s) are you seeking teacher licensure:

College Major:

YEAR/TERM YOU ANTICIPATE STUDENT TEACHING:

YEAR/TERM YOU ANTICIPATE COLLEGE GRADUATION:

ARE YOU EMPLOYED? YES NO If yes circle: Part Time Full Time Hours Per Week

List any current/previous work experience:

Table with 3 columns: Employer's name and address, Type of work, Inclusive dates. Includes multiple rows for data entry.

FAMILY FINANCIAL AND COLLEGE EXPENSES INFORMATION

FATHER'S OR SPOUSE'S NAME (circle which): _____

OCCUPATION _____ PLACE OF EMPLOYMENT _____

MOTHER'S OR SPOUSE'S NAME (circle which): _____

OCCUPATION _____ PLACE OF EMPLOYMENT _____

STUDENT'S STATUS: *Please Circle:* Single Married Widowed Divorced Single Parent
Please circle: Living with parent Living independently Living with spouse

If you are age 23 or younger list sibling ages _____ and other dependents _____
 # listed above in college _____

If you are age 24 or above list dependent(s) ages _____ and # in college _____

YOUR TOTAL FAMILY GROSS HOUSEHOLD INCOME: *Please circle:*

Under \$30,000 \$30,000-\$39,999 \$40,000-\$49,999
 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000 or more

Will your parents claim you as a dependent on their taxes this year? (please circle) YES NO

FOR THE CURRENT SCHOOL YEAR COMPLETE THE FOLLOWING:

Actual cost this year for the college you are attending. College name _____

Tuition and fees	\$ _____	EFC (Expected Family Contribution) from FAFSA	\$ _____
Applicant's room	\$ _____	PELL (FEDERAL) AWARD	\$ _____
Applicant's board	\$ _____	OIG (Ohio Instructional Grant)	\$ _____
Books	\$ _____	College Grants or Scholarships	\$ _____
Total for year	\$ _____	College/Personal Loans	\$ _____

FOR THE NEXT SCHOOL YEAR ESTIMATE THE FOLLOWING:

Anticipated costs for next year for the college you are attending. College name _____

Tuition and fees	\$ _____	EFC (Expected Family Contribution) from FAFSA	\$ _____
Applicant's room	\$ _____	PELL (FEDERAL) AWARD	\$ _____
Applicant's board	\$ _____	OIG (Ohio Instructional Grant)	\$ _____
Books	\$ _____	College Grants or Scholarships	\$ _____
Total for year	\$ _____	College/Personal Loans	\$ _____

On a separate sheet of paper please respond to the following.

1. Explain what led you to your interest in the field of education.
2. State your professional educational goals once you graduate and become a licensed educator. Pertaining to a career, what do you plan to be doing 5 years from now in the teaching field?
3. Explain your financial need for this scholarship. Indicate how you and your parents/spouse are financing your college education. Indicate the Stafford educational and/or personal loans you and your family have incurred thus far and loans you anticipate in order for you to complete your degree. Be as specific as possible.
4. List activities in which you participated: (high school, college, church, civic, social). Include offices held or leadership roles.
5. List any special awards or recognition you received in high school or college.

REFERENCES: Please request references from 2 persons, other than relatives, who have knowledge of your ability and qualifications. **Both of these references should be from your recent college instructor/advisor.** Two reference forms are attached at the end for your use. These references should be sent to the scholarship chairman.

PLEASE IDENTIFY YOUR REFERENCES:

1. Name: _____ Telephone: _____

Address/email: _____

2. Name: _____ Telephone: _____

Address/email: _____

REMEMBER TO HAVE A COPY OF YOUR CURRENT OFFICIAL COLLEGE TRANSCRIPT AND TRANSCRIPTS FROM PREVIOUS COLLEGES ATTENDED SENT TO KELLER SCHOLARSHIP CHAIRMAN BY APRIL 1.

I hereby acknowledge that the information submitted on the Mary Elizabeth Keller Scholarship Application is true and correct:

(Signature of applicant) **Date:** _____

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SCHOLARSHIP RECOMMENDATION FORM

The Mary Elizabeth Keller Scholarship Fund offers a scholarship to deserving students who plan to enter the teaching profession.

The committee requires information concerning the qualifications of:

Applicant's Name

LAST	FIRST	MIDDLE INITIAL
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Please write a brief statement summarizing the applicant's character, leadership abilities and potential for becoming a successful educator. In your comments, please include the capacity and length of time you have known the applicant.

Any information which you will provide will be kept confidential. Thank you.

Evaluator's Name _____

Position _____

Please return the recommendation postmarked no later than **April 1** or email by April 1 as an attachment with "**Scholarship Recommendation**" in the subject line:

THE MARY ELIZABETH KELLER
SCHOLARSHIP COMMITTEE
c/o Marilyn Bauer, Chairman
2312 Montague Ave.
Avon, OH 44011
email: keller@lorcorta.org

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