

**Geyer-Cain Trust
Scholarship Application Form**



INDIANA UNIVERSITY

***Benefitting Muskingum, Perry, and Morgan county resident students
attending:
Indiana University
Main Campus – Bloomington, Indiana***



Please return completed application form with attachments by April 1st

To:

***Stratos Wealth Partners
3596 Maple Ave., Suite A
Zanesville, OH 43701***

PLEASE NOTE: *Your application must be complete and include the required attachments to be considered by the selection committee. Do not submit attachments separately.*

Review the following checklist before submitting your application.

New Applicants:

1. Current FAFSA Report for parents and applicant
2. Current High School students must provide certified High School Transcript
3. Current college student applicants from other universities (other than Indiana University) must provide most recent term grades and class schedule
4. To prove residency provide (1 of the following: copy of driver's license, passport, state identification, utility bill, etc.)
5. Two letters of recommendation (1 from school administrator. Examples: teacher, principal, guidance counselor) and (1 from any other source. Examples: club advisor, church pastor, coach, work supervisor)
6. ACT or SAT scores
7. Letter of acceptance from college/university or proof of current attendance
8. Essay of what your plans are for the future – tell us about you and your plans for the future. Maximum 1,000 words.

Re-applicants must provide:

1. Final grades from previous semester
2. Every semester an official transcript.
3. To prove residency provide (1 of the following: copy of driver's license, passport, state identification, utility bill, etc.)
4. One letter of recommendation from an Indiana University faculty member
5. Essay describing your accomplishments, activities and experiences from the previous school year. Maximum 1,000 words.

GEYER-CAIN TRUST SCHOLARSHIP
APPLICATION FOR EDUCATIONAL ASSISTANCE

NOTE: Form must be completed and returned with all required information by May 1st.

BIOGRAPHICAL INFORMATION (Please type or print in ink):

Full Legal Name: _____
Last First Middle Suffix

Home Address: _____
Street Address City/Town State Zip County

Home Phone: _____ Cell Phone: _____

I have resided at that location for _____ years. I reside with my parents: ___yes ___no

Mailing address (if different from above): _____
Street Address City/Town State Zip County

Birthdate: _____ Place of Birth: _____ Sex: M F

My father's name is: _____

My mother's name is: _____

Those who are dependent upon my parents for support are:

Name	Relationship	Age	College?	Where?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

My high school is (was): _____ Graduation Date: _____

This fall, I will be a (check one) Freshman Sophomore Junior Senior

Other (5th yr.) _____ Expected College Graduation Date: _____

Expected Major: _____ Expected Minor: _____

FINANCIAL DISCLOSURE:

My total anticipated educational expenses for the Year 20____ - 20____ will be \$_____

I plan to meet these expenses from the following sources:

Annual Family Help: \$ _____

Annual Student Earnings: \$ _____

Annual Student Loans: \$ _____

Annual Grants: \$ _____

Other Scholarships: \$ _____

Total: _____

WORK EXPERIENCE:

Please list any job (including summer employment) you have held during the past three years.

Specific Nature of Work	Employer	Dates of Employment	Hours/Week
_____	_____	_____	_____
_____	_____	_____	_____

ACADEMIC HONORS / EXTRA CURRICULAR:

Grade Level or Post-Secondary	9	10	11	12	P.S.	Approximate Time Spent		Position Held / Honors Won
						Hours	Weeks (per year)	

STATEMENT OF APPLICANT (this must be signed):

I hereby certify that, to the best of my knowledge, the above information is complete and accurate. I authorize my secondary school to furnish academic and personal information requested herein. I will use all money which I receive from the Mary Jane Cain Scholarship for the purpose of completing my education and for no other purpose whatsoever.

Signature of Applicant

Date

