

APPLICATION FOR SCHOLARSHIP FOR
THE HARRY A. & MURIEL DUNN WARD FUND
ADMINISTERED BY
THE WAGNALLS MEMORIAL FOUNDATION
FOR THE 2024-2025 SCHOOL TERM

APPLICATION DEADLINE: May 1, 2024

NEW APPLICATIONS ONLY

(Date received. To be completed by Scholarship Director)

Please answer all the questions using ink, PRINT legibly.

Return to:

TEAYS VALLEY HIGH SCHOOL

1-740-983-5000

BIOGRAPHICAL INFORMATION SHEET:

NAME (First, Middle, Last, Jr. or II...):		
IF MARRIED, SPOUSE'S NAME:		MAIDEN NAME:
PERMANENT ADDRESS:		
TEMPORARY ADDRESS:		
HOME PHONE NO: ()	CELL PHONE NO: ()	EMAIL ADDRESS:
Provide the following information regarding Parent(s) or Guardian(s) along with their contact information:		
NAME OF FATHER / STEP-FATHER / GUARDIAN: (Circle one)		
ADDRESS:		
EMAIL ADDRESS:		
CELL PHONE:		
NAME OF MOTHER / STEP-MOTHER / GUARDIAN: (Circle One)		
ADDRESS:		
EMAIL ADDRESS:		
CELL PHONE:		

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BIRTH DATE:	AGE:	PLACE OF BIRTH:	
CURRENT HIGH SCHOOL ATTENDING:	GRADUATION DATE:	COLLEGE/UNIV YOU WILL BE ATTENDING:	COLLEGE/UNIVERSITY YOU ATTENDED PREVIOUSLY (IF APPLICABLE):
RESIDENCE PLANS FOR THIS SCHOOL YEAR: <input type="checkbox"/> AT HOME <input type="checkbox"/> ON CAMPUS <input type="checkbox"/> OFF-CAMPUS HOUSING	ANTICIPATED DEGREE: MAJORING IN:	TERM STARTING CLASS: EXPECTED GRADUATION DATE:	CHECK (IF APPLICABLE): <input type="checkbox"/> LIVE WITH BOTH NATURAL PARENTS <input type="checkbox"/> LIVE WITH MOTHER <input type="checkbox"/> LIVE WITH FATHER <input type="checkbox"/> LIVE WITH GUARDIAN <input type="checkbox"/> LIVE INDEPENDENTLY
DATE YOU BECAME A PICKAWAY COUNTY/TEAYS VALLEY SCHOOL DISTRICT RESIDENT: _____ (ATTACH NOTARIZED AFFIDAVIT)			

State the source and circumstances of any gift aid (scholarships and grants) you will hold during the academic year:

Parent's Contribution: \$	Your Job: \$	Summer Earnings: \$	Student Savings: \$	Ohio Instructional Grant: \$
PELL Grant: \$	College Financial Aid: \$	Supplemental Education Offer/Opportunity Grant: \$	Other Scholarship or Gift Aid: \$	Other Source: \$

Total Financial Assistance available to you (total of all sources listed above): \$ _____

Approximate college costs to you each year (including tuition, fees, room and board, books, etc.): \$ _____

In this space, provide some autobiographical information in narrative form which tells something about the kind of person you are. DO NOT use separate or additional sheets, but utilize this space fully. This is to be an original statement, unedited by counselors, teachers or parents.

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To coordinate possible financial aid, we authorize the Fund to discuss the contents of this application with college financial aid and scholarship agency officials. We declare the information contained in this application is true, correct and complete. We further declare we have received a copy of the rules governing the Ward Scholarship Fund grant. We have read these rules carefully and are aware of all the provisions contained therein. We agree to abide by these rules.

REQUIRED SIGNATURES: Applicant Signature: _____ Date: _____

Parent or Guardian if Applicant is under 18 years of age: _____ Date: _____

*Be sure to sign this page and staple or paperclip a photo, your affidavit of residence and a copy of your high school transcript or most recent college transcript if applicable. **DON'T FORGET TO ATTACH YOUR PICTURE** (It is an aid to the Director in recalling the applicant).*

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AFFIDAVIT

I, _____, hereby affirm that I

maintain a legal residence in Pickaway County/Teays Valley School District at

(address)

since _____.
(month) (day) (year)

I understand that I personally must continue to maintain a legal residence in Pickaway County/Teays Valley School District as long as I receive the scholarship benefit.

I agree to immediately notify The Harry A. Ward & Muriel Dunn Ward Fund administered by the Wagnalls Memorial Foundation in writing of any change in my personal residence during the time I receive scholarship benefits.

(Signed) _____

(Date) _____

STATE OF OHIO:

COUNTY OF _____:

On this _____ day of _____, 2020, before me, a Notary Public in and for said County, personally came _____, known to me to be the individual who executed the foregoing instrument, who, being duly sworn, stated that the foregoing statements are true.

Witness my hand and seal on the day and year above written.

(Signed) _____

(Seal)

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APPLICATION CHECKLIST

To New Students:

The following list of questions will help you in making sure you have completed all necessary steps to apply for The Harry A. Ward & Muriel Dunn Ward Fund. Please complete all items carefully and correctly using either a ball point pen or typewriter, if available. A Teays Valley selection committee chooses scholarship recipients. For more information, call Teays Valley High School at 740-983-5000.

- Have you:
1. Filled in the high school from which you graduated and the exact date of your graduation?
 2. Indicated the college or university you will be attending?
 3. Included a complete high school transcript? (See paragraph below)
 4. Included a recent photograph of yourself?
 5. **SIGNED AND DATED** all copies?
 6. Included your **SIGNED AND NOTARIZED** Affidavit? (This is a legal document which must be completely filled out & signed and dated in the presence of a Notary Public).
 7. Failure to complete all application requirements could result in loss of funds for the School Term 2024-2025.

- **MAY 1, 2024 - DEADLINE FOR SUBMITTING COMPLETE NEW APPLICATION THIS YEAR**