

The Preston Family Annual College Scholarship

Completed applications **must be RECEIVED by May 3, 2021** in order to be considered.
Mailing address is 308 Main Street, Conneaut, Ohio, 44030.
Questions: please contact (440) 593-6120.

The Preston Family Annual College Scholarship awards scholarships up to the amount of \$2,500.00 each, and is available to first year or returning college students. There is a two-year award limitation.

Eligibility Requirements

1. Grade point average must be at least 3.0.
2. Applicant must attend a non-profit college or university.

Procedure for Selection:

1. Student must make application to the scholarship committee.
2. The committee will determine recipients based upon eligibility requirements, ability to succeed, character, and a record of community and school activities.
3. Finalists will be subject to an interview by members of the selection committee.

Applicant's Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Family Annual Income – Combined Earnings (W-2s, 1099s, SSA, RRB, etc.):

____ Less than \$30,000 ____ \$30,001 – \$60,000
____ \$60,001 – \$75,000 ____ \$75,001 – \$95,000 ____ over \$95,000

Student lives with: ____ Father & Mother ____ Father only ____ Mother only
 ____ Stepparent & natural parent ____ Guardian

School Standing and Academic Information

Rank in Class _____ Grade Point Average _____

A.C.T. Score _____ S.A.T. score _____

School/Community Activities

(Please use only one additional page for further activities information if needed.)

Employment History (High School and/or College)

Name of Employer: _____

Job Title: _____ Length of Employment _____

Name of Employer: _____

Job Title: _____ Length of Employment _____

(Please use only one additional page for further employment information if needed.)

Educational Institution in which enrollment will occur or is occurring

Name of School: _____

Field of Study: _____

Estimated Annual Cost of Attendance: \$ _____

Actual Net Annual Cost of Attendance **after** applying all tuition waivers, scholarships, grants and all other credits toward costs: \$ _____

List all names and amounts of other Scholarships and Grants: _____

Two References

Name Address City, State, Zip Phone No.

Teacher

Community Member (non-relative)

Signature of Applicant

Date

Signature of Parent or Guardian

Date

Please attach:

- A.) One current transcript
- B.) Two letters of recommendation from the above references.
- C.) No more than one type-written page which answers the question: "What does this scholarship mean to me?" (Please include educational goals and objectives.)

Returning applicant's essay topic should answer the question: "What impact did this year of college have on my life?"

PLEASE NOTE:
THE ONE PAGE LIMITS
AND ALL OTHER REQUIREMENTS
ARE STRICTLY ENFORCED.