

**Andover Foundation, Inc.**  
PO Box 429  
Andover, Ohio 44003-0429  
**A Publicly Supported Charitable Foundation**

**Scholarship Application**

**Foundation Use Only**

Received on \_\_\_\_\_

Considered on \_\_\_\_\_

Approved \_\_\_\_\_

Notified on \_\_\_\_\_

Received:

Transcript \_\_\_\_\_

Counselor letter \_\_\_\_\_

Acceptance letter \_\_\_\_\_

**Applicant**

Name \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

School:

- ☐ Pymatuning Valley High School  
☐ Ashtabula County Joint Vocational School

Expected year of graduation \_\_\_\_\_

Grade point average for:

9th grade \_\_\_\_\_ 11th grade \_\_\_\_\_

10th grade \_\_\_\_\_ Current \_\_\_\_\_

**Father**

Name \_\_\_\_\_

Address \_\_\_\_\_

Educational background:

- ☐ High school diploma from \_\_\_\_\_  
☐ Associate's degree from \_\_\_\_\_  
☐ Bachelor's degree from \_\_\_\_\_  
☐ Graduate school degree from \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer phone no. \_\_\_\_\_

Employer address \_\_\_\_\_

**Mother**

Name \_\_\_\_\_

Address \_\_\_\_\_

Educational background:

- ☐ High school diploma from \_\_\_\_\_
- ☐ Associate's degree from \_\_\_\_\_
- ☐ Bachelor's degree from \_\_\_\_\_
- ☐ Graduate school degree from \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer phone no. \_\_\_\_\_

Employer address \_\_\_\_\_

**Proposed College or University**

Name \_\_\_\_\_

Mailing address for tuition payments \_\_\_\_\_

Contact person and title \_\_\_\_\_

Email \_\_\_\_\_ Phone no. \_\_\_\_\_

**Educational Goals**

Degree sought:

- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate school degree (specify) \_\_\_\_\_

Anticipated major \_\_\_\_\_

Other possible sources of financing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Required Accompanying Documents**

1. Current FAFSA form completed by you and your parents
2. Typed essay (1 page or less), explaining why you wish to continue your education beyond high school
3. 2 letters of recommendation in sealed envelopes, including one from your high school guidance counselor

**Miscellaneous**

1. This application must be received by the foundation no later than 12:00 noon on 28 February 2025.
2. You will be notified of the board's decision by 1 April.
3. Any change to the information provided in this application or in any document submitted with it must be reported to the foundation within 14 days of the change.
4. No application fee will be charged.
5. The foundation may request additional information and documentation to make its decision.
6. The information provided in this application is submitted to Andover Foundation, Inc. for its consideration in awarding a scholarship. It is intended for the foundation's use only. The foundation will keep the information contained in this application completely confidential and will not disclose it to third parties, except as provided in this application or compelled to do so by a court of competent jurisdiction.

I have read this scholarship application, I have personal knowledge of the information provided, and I attest to its truth and accuracy, to the best of my knowledge and information.

Applicant

Phone \_\_\_\_\_

Email \_\_\_\_\_

Dated \_\_\_\_\_

We authorize the release of information by the parties stated in this application to the directors of Andover Foundation, Inc., to confirm our representations made in this application and in any other documents submitted in support of it.

If a scholarship is awarded, we will assist the foundation with all reasonable publicity requests. We grant and assign to Andover Foundation, Inc. all our right, title, and interest in and to photographs of us regarding the scholarship award. We agree that the foundation may copyright the photographs, which may be used in any manner the foundation chooses, without compensation to us. The foundation may reproduce the photographs fully, partially, or in composite, or distorted in character or form, and may include them with other photographs, names, and reproductions. All materials using the photographs will become the foundation's property.

Applicant

Father

Mother

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Dated \_\_\_\_\_

Dated \_\_\_\_\_