

SCHOLARSHIP APPLICATION

THE MARTIN D. COHEN FAMILY FOUNDATION

PO BOX 1127 • EASTON, PA 18044 • 610-332-2799 Ext. 130



SCHOLARSHIP OPPORTUNITIES

Students who need financial assistance to further their education may apply to the Foundation for the following amounts:

- Scholarships of up to \$500 are awarded to students attending a four-year college.
- Scholarships of up to \$250 are awarded to students attending a two-year college.

The number of scholarships awarded is determined at the discretion of the Foundation.

Foundation Scholarships are gifts, not loans, and need not be paid back. However, recipients are required to help inform other students about the Foundation by sharing their accomplishments with sophomores and juniors at their high schools. This is to encourage more students to begin their own quest for a brighter future.



HOW TO APPLY

The Foundation has one application form for all of its scholarship programs. Complete all information that is requested on the application form. If you have questions, call the Foundation. Ask a teacher, guidance counselor or another adult who knows you well to help you complete the form.

- Give yourself time to fill out the application. You can do a better job if you don't wait until the last minute.
- You need not be accepted to a school before applying for a scholarship. Go ahead and submit your application, then contact us upon acceptance.
- Transcript of high school grades must be included.
- Family W-2 information must be included.
- Special achievements, which you have accomplished in your life or any adverse circumstances, which you have overcome, will be given special consideration.
- Applicants for scholarships are invited to submit an essay.
- APPLICATIONS MUST BE SUBMITTED BY April 1st. Bring the completed application to your guidance counselor for submission to The Foundation. Awards will be announced by mail.

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Please complete all information on this form, and make sure all required signatures are included. Return the form to the person you received it from and they will submit it for you. ALL INFORMATION IS KEPT CONFIDENTIAL.

PLEASE READ ALL INFORMATION CAREFULLY AND PRINT CLEARLY: THANK YOU.

I received this application from _____

PERSONAL DATA

NAME _____ DATE OF BIRTH _____

S.S. # _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HIGH SCHOOL _____ CLASS RANK _____

SAT SCORE V _____ M _____ GPA _____

Please send copies of scholastic records to be reviewed.

EXTRACURRICULAR / COMMUNITY ACTIVITIES

Extracurricular and community activities will be given important consideration. It's better to tell us than to overlook some activities.

SCHOOL

9th grade _____

10th grade _____

11th grade _____

12th grade _____

COMMUNITY

JOB EXPERIENCE

COLLEGE PLANS

I have applied: _____

My course of study will be _____ I will be: living on campus living with family/home

ACCEPTED BY (name of colleges) _____

PLACED ON WAITING LIST BY _____

NOT HEARD FROM AT THIS TIME _____

Should you be awarded a scholarship, proof of enrollment will be required before a check can be issued.

FINANCIAL BACKGROUND

Applicants must show a serious financial need. Provide as much information as possible.

** Please include copies of parents' W-2 with this application.*

FATHER

FATHER'S NAME: _____

EMPLOYER: _____ POSITION: _____

LENGTH OF EMPLOYMENT THERE: _____ GROSS PAY*: _____

DOES YOUR FATHER LIVE WITH YOU? _____ DOES HE SUPPORT YOU? _____

IF NO, PLEASE EXPLAIN: _____

MOTHER

MOTHER'S NAME: _____

EMPLOYER: _____ POSITION: _____

LENGTH OF EMPLOYMENT THERE: _____ GROSS PAY*: _____

DOES YOUR MOTHER LIVE WITH YOU? _____ DOES SHE SUPPORT YOU? _____

IF NO, PLEASE EXPLAIN: _____

If you have a guardian, please fill in one of the above and write "guardian."

If either of your parents are not able to help with your college education, please explain: _____

STUDENT'S INCOME

EMPLOYER: _____

INCOME: _____ (MONTHLY)

WHAT SCHOLARSHIPS DO YOU HAVE? AMOUNT (SEMESTER)

OTHER INCOME _____

STUDENT'S RESOURCES

A. STUDENT'S WAGES, TIPS (BEFORE TAXES)

B. OTHER TAXABLE INCOME (INTEREST)

C. INCOME FROM GOVERNMENT SOURCES

D. SUPPORT FROM STUDENT'S PARENTS

(Include monetary gifts, loans, housing, food, clothes, car allowance, dental/medical care, payment of college costs, etc.)

E. GRANTS, SCHOLARSHIPS, FELLOWSHIPS, LOANS

F. OTHER NON-TAXABLE INCOME

TOTAL RESOURCES (ADD A - F)

PERSONAL REFERENCE

After you have provided all the information requested, ask your guidance counselor, a teacher, or community leader who knows you well, to fill out this page. Also, be sure you have all the necessary signatures.

NAME: _____

PHONE: _____ (Day) _____ (Evening)

HOW LONG HAVE YOU KNOWN THIS STUDENT? _____

IN WHAT CAPACITY HAVE YOU KNOWN THIS STUDENT? _____

PLEASE GIVE YOUR PERSONAL COMMENTS ABOUT THIS STUDENT: _____

SIGNATURE

CERTIFICATE AND AUTHORIZATION

We declare that the information given on this form is true, correct and complete to the best of our knowledge. We agree to the use of this form by the Scholarship Committee to assist in the determination of financial need for selection of recipients of awards, grants or loans. We agree to send to the Scholarship Committee an official photostatic copy of our latest Federal Income Tax Return as filed with the Internal Revenue Service.

DATED _____

STUDENT'S SIGNATURE

PARENT OR GUARDIAN'S SIGNATURE

SCHOOL GUIDANCE COUNSELOR'S SIGNATURE

YOU WILL BE NOTIFIED BY MAIL AS TO WHETHER OR NOT YOU QUALIFY FOR A SCHOLARSHIP.

IF YOU QUALIFY, YOU MAY BE REQUESTED TO COME IN FOR A PERSONAL INTERVIEW.

You may use this space to complete your essay or any other additional information.

Applications must be submitted by April 1st.

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