

THE HAUSS-HELMS FOUNDATION, INC.
APPLICATION FOR EDUCATIONAL GRANT 2019-2020

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Name of Applicant (Please print)

Date Received

By Hauss-Helms

Have you previously received a Hauss-Helms Grant? () Yes () No

INSTRUCTIONS FOR COMPLETING APPLICATION

It is essential to the consideration of your application that all of the information required by the application be furnished. If any question does not apply to you, mark the space provided for the answer by inserting "NA". All of the information requested is confidential and will be used solely to determine your eligibility for an educational grant.

If you are a high school student, when you have completed your application and can provide the additional information required, you may return it to your high school principal or guidance counselor or you may deliver, mail, email or fax your completed application, with all required information, directly to The Hauss-Helms Foundation, Inc. If you are not in high school, you should submit your application by mail, email, fax or personal delivery directly to The Hauss-Helms Foundation, Inc. Regardless of the manner of submission you choose, **your application must be RECEIVED by the Foundation by March 15th** of the academic year of your application being submitted. **If your application, with all required information, is not RECEIVED by the deadline, it will not be considered by the Trustees of the Foundation. It is your responsibility to make sure your application and all required information is RECEIVED by the March 15th deadline.**

Although the deadline for the receipt of your application is March 15th, you should apply as early as possible. FAFSA applications can now be completed using the prior year's federal tax information, so your FAFSA STUDENT AID REPORT can be available to you prior to The Hauss-Helms Foundation, Inc.'s application deadline.

In addition to the financial and academic information requirements, if you are a high school senior you must also provide a written recommendation from your principal, guidance counselor or faculty advisor.

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I. APPLICANT INFORMATION

Name (Please print) _____
Social Security Number

Street Address _____
Phone Number

City, State, Zip _____
Email Address

Date of Birth Male Female Single Married

Are you either a graduate of a high school located in Auglaize or Allen County, Ohio, or were you a resident of Auglaize or Allen County, Ohio at the time of graduation from high School? Yes No

High School Attended: _____

Cumulative High School Grade Point Average (GPA) _____ Class Rank: _____ in a class of _____
(A copy of your entire high school transcript through the 2nd 9 week grading report must be attached.)

Composite ACT or SAT Score _____
(Attach verification of this score, at some high schools this is part of the high school transcript.)

Cumulative college Grade Point Average if college student (GPA) _____
(If currently enrolled in college, or if currently receiving a Hauss-Helms grant, a copy of your most recent cumulative college transcript must be attached to this application.)

Name and address of college you wish to attend, or are attending _____

Major: _____ Have you been accepted? Yes _____ No _____

*When completing this section concerning estimated school expenses, please refer to the school's website (or the FAFSA or College Navigator website) or obtain assistance from your guidance counselor. We are asking for the Estimated Cost of Attendance ("COA") at your college/school and your FAFSA Effective Family Contribution (EFC).

Estimated Cost of Attendance:
Tuition: _____
Room & Board _____
Fees: _____
Books: _____
Other: _____
Total: _____

Effective Family Contribution (EFC): _____
(See FAFSA Student Aid Report, Page 1 for this number, and also **attach a full copy of your STUDENT AID REPORT.**)

Discuss your personal need for financial assistance: _____

Discuss why you chose the school you intend to attend: _____

Discuss your work history. If you do not work, state any personal reasons that prevented you from working:

I have read the rules and regulation concerning educational grants from The Hauss-Helms Foundation, Inc. and I agree to abide by such rules and regulation in the event that I am awarded an educational grant by the Foundation. I certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant Date: _____

II. PARENT INFORMATION

Do you approve of Applicant's educational plans? Yes No

Will you assist with Applicant's expenses? Yes No

If "yes", how much can you contribute this year? _____

Will your child be able to attend the school of his or her choice without financial aid from sources outside the family? Yes No

Comment briefly, if you wish, on your child's need for financial assistance to continue his or her education and if there are special family circumstances which relate to financial need:

I have read the application of my son, daughter, or ward and it is correct to the best of my knowledge and belief. I understand that the Trustees of The Hauss-Helms Foundation, Inc. may request a copy of my most recently filed U.S. income tax return to verify the figures on this application and I agree to submit the same upon request. I have read the Rules and Regulations concerning educational grants from The Hauss-Helms Foundation, Inc. and I understand that my child or ward must abide by such Rules and Regulations if granted an educational grant.

Signatures of Parents or Guardian Date: _____

CHECKLIST:

- _____ **Did I enclose or attach the letter of recommendation from my high school?**
- _____ **Did I attach my High School or College transcript?**
- _____ **Did I include verification of my ACT or SAT score? (High School applicants only)**
- _____ **Did I provide my ENTIRE FAFSA Student Aid Report (SAR)?**
- _____ **Did I sign the Application? Did my parent/guardian sign the Application?**

Your signed application and all of the required information must be submitted together and received by The Hauss-Helms Foundation, Inc. by March 15th.

PRINCIPAL, GUIDANCE COUNSELOR OR FACULTY MEMBER

STATEMENT/RECOMMENDATION

Applicant's Name

THIS STATEMENT IS REQUIRED OF HIGH SCHOOL SENIORS AND OTHER APPLICANTS WHO DID NOT RECEIVE A HAUSS-HELMS GRANT IN 2018-2019. IF YOU ARE A COLLEGE STUDENT AND RECEIVED A HAUSS-HELMS GRANT IN 2018-2019, YOU DO NOT NEED TO FURNISH THIS STATEMENT.

Date: _____

Position: _____

School Staff Signature

Printed Name