



Applicant Name \_\_\_\_\_

**Continuing Education Plans**

State your plans for enrollment in an accredited college, university, trade/vocational or nursing/health related facility.

\_\_\_\_\_

\_\_\_\_\_

Have you been granted scholarship aid? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_

\_\_\_\_\_

What are your plans upon completion of your post high school education? Do you plan to return to Miami County?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check One: Two-Parent Household \_\_\_\_\_ Single Parent Household \_\_\_\_\_ Self-Supporting \_\_\_\_\_

Income Level: Both Father & Mother's Income, Self-Supporting Applicant include spouse, if married

\_\_\_\_\_ Below \$10,000                      \_\_\_\_\_ \$10,000-19,999                      \_\_\_\_\_ \$20,000-39,999  
\_\_\_\_\_ \$40,000-59,999                      \_\_\_\_\_ \$60,000-79,999                      \_\_\_\_\_ \$80,000 and over

Father/Spouse's/Self Employer (circle one) \_\_\_\_\_ Address \_\_\_\_\_

Mother/Spouse's/Self Employer (circle one) \_\_\_\_\_ Address \_\_\_\_\_

Number of Siblings or Children \_\_\_\_\_ Ages \_\_\_\_\_

Number of Siblings or Children in College \_\_\_\_\_ Name of College(s) \_\_\_\_\_

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form.

This information may include a copy of your U.S. or state income tax form. If you purposely give false or misleading information, you will be disqualified.

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Applicant)

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Mother/Stepmother)  
if applicable

Date: \_\_\_\_\_ Signed by \_\_\_\_\_ (Father/Stepfather)  
if applicable

Please return this two page completed application and any attachments (make certain your name appears on all pages) to: **Miami County Foundation, 317 N. Wayne St., P.O. Box 1526, Piqua, OH 45356-1526 or fax 937-773-9012. Must be postmarked no later than November 1 of the current year.**

No application will be accepted via email.