

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, list each with amount: _____

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's/Spouse's/Self **Employer** (circle one) _____ Address _____

Mother's/Spouse's/Self **Employer** (circle one) _____ Address _____

Number of Siblings or Children (circle one) _____ 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.