

## **TOM KOCH MEMORIAL SCHOLARSHIP**

The Tom Koch Memorial Scholarship was established by the friends and family of Tom Koch. Tom touched the lives of many Junior Fair youth through his love for helping with the Market Livestock projects in Mahoning County.

Tom Koch left us suddenly in 2012, leaving many feeling his loss. He was truly dedicated to the youth of Mahoning County and was always found to be enjoying himself at the Canfield Fair. Raising poultry was Tom's true love on his family farm. Our hope is that Tom will continue to touch the lives of the Mahoning County Junior Fair members through this scholarship.

The recipient of this scholarship may not be the best academic scholar, but a youth that has given 100% effort to be the best. Two scholarships will be awarded yearly: 1 to a Poultry Club member and 1 to a Market Livestock Club member. Applicants must complete the following to qualify.

1. Applicant must currently be or have been an active participant in good standing in the Mahoning County Poultry Club and/or the Market Livestock Club within one year of application.
2. Applicant must be a High School Graduate, or a college student currently enrolled in a college or technical school pursuing a degree with a GPA of at least 2.5.
3. Applications must be submitted, no later than entry day (Tuesday) of the Mahoning County Canfield Fair to the Junior Fair Office or mailed to the chairman of the scholarship committee.

Tom Koch Memorial Scholarship Committee, 26 Woodland Dr, New Middletown OH 44452

4. Applicant must have a sincere commitment to pursuing furthering their education by attending college, technical school, or school of trade.
5. A photo of the applicant should be attached to the photo sheet included with the application.
6. Scholarship payment should be used solely for tuition fees and/or books or school supplies.
7. Applicants may receive this scholarship only one time. Any individual not receiving the scholarship may apply a second time.
8. Applications must be typed or printed on the forms provided.
9. Scholarship recipients will be contacted to be recognized at the Youth Day Program during the Canfield Fair and will receive an acknowledgement letter with the scholarship check upon completion of the requirement listed in #10 below.
10. Scholarship monies will be dispersed after the recipient sends a copy of college/technical school tuition/school receipts/transcripts to the scholarship chairperson to verify proof of attendance to the school of higher education. Scholarship monies will be used solely for tuition fees and/or books or school supplies.
11. Scholarship checks must be cashed by December 30, or the monies will be forfeited back to the scholarship fund. Any exceptions must be approved by the scholarship committee.
12. Applications for this scholarship must be submitted as specified in the guidelines, or eligibility for this scholarship may be forfeited. The scholarship recipients will be chosen by a panel of judges selected by the Tom Koch Scholarship Committee. To maintain the integrity of this scholarship, the scholarship committee has the final determination as to the requirements for proof of attendance to college and the dispersal of the scholarship monies. If any question or discrepancy should arise, the scholarship committee has final determination if the funds should be released.

### **PLEASE PROVIDE THE FOLLOWING BY THE DEADLINE:**

1. Completed application.
2. Certified copy of high school/college transcripts verifying a minimum 2.5 GPA.
3. Letter of reference (cannot be written by a relative or a member of the scholarship committee).

**TOM KOCH MEMORIAL SCHOLARSHIP**

NAME OF APPLICANT: \_\_\_\_\_

HOME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE EXPECTED TO ENTER POST HIGH SCHOOL PROGRAM: \_\_\_\_\_

NAME OF POST HIGH SCHOOL EDUCATION FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF EXPECTED POST HIGH SCHOOL GRADUATION: \_\_\_\_\_

**FAMILY INFORMATION**

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOTAL NUMBER OF BROTHERS & SISTERS: \_\_\_\_\_

NAMES:

AGE:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**MAHONING COUNTY POULTRY CLUB PARTICIPATION**

NUMBER OF YEARS INVOLVED IN THE POULTRY CLUB: \_\_\_\_\_

LIST EVENTS YOU HAVE PARTICIPATED IN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST AWARDS/ACCOMPLISHMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MARKET LIVESTOCK CLUB PARTICIPATION**

NUMBER OF YEARS INVOLVED IN THE POULTRY CLUB: \_\_\_\_\_

LIST EVENTS YOU HAVE PARTICIPATED IN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST AWARDS/ACCOMPLISHMENTS: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

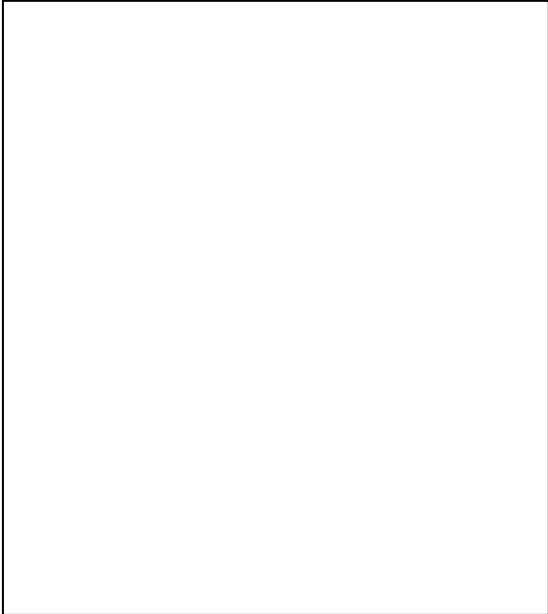
**OTHER JUNIOR FAIR PARTICIPATION**

PLEASE LIST AND/OR WRITE A BRIEF SUMMARY OF OTHER ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED IN THE JUNIOR FIAR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PICTURE OF APPLICANT**



**FINANCIAL INFORMATION**

**COMBINED ADJUSTED GROSS INCOME LEVEL OF PARENT/GUARDIANS (PLEASE CHECK ONE):**

BELOW \$5,000 - \$10,000     \$11,000 - \$20,000     \$21,000 - \$25,000

\$25,000 - \$35,000     \$36,000 - \$45,000     \$45,000 OR MORE

**AMOUNT OF FINANCIAL SUPPORT YOU EXPECT FROM YOUR FAMILY:** \_\_\_\_\_

**WORK EXPERIENCE OF APPLICANT – POSITIONS HELD, WHERE, WHEN, ESTIMATED INCOME:**

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**LIST OTHER LOANS, GRANTS, AND/OR SCHOLARSHIPS YOU HAVE APPLIED FOR AND/OR RECEIVED FOR YOUR EDUCATION:**

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**WILL ANY OTHER MEMBER OF YOUR IMMEDIATE FAMILY BE ATTENDING COLLEGE OR FURTHERING THEIR EDUCATION? IF YES, LIST BELOW:**

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**LIST BELOW ANY OTHER CIRCUMSTANCES WHICH SHOULD BE CONSIDERED IN DETERMINING FINANCIAL NEED:**

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**I UNDERSTAND THAT THIS APPLICATION MUST BE SUBMITTED AS SPECIFIED IN THE GUIDELINES OR ELIGIBILITY FOR THIS SCHOLARSHIP MAY BE FORFEITED. I HAVE PERSONALLY PREPARED THIS APPLICATION AND BELIEVE IT TO BE TRUE AND CORRECT. I FULLY UNDERSTAND THAT IN ACCEPTING THIS SCHOLARSHIP, IT IS MY INTENTION TO CONTINUE MY EDUCATION IN A POST HIGH SCHOOL CURRICULUM.**

**APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**I, \_\_\_\_\_, (PARENT OR GUARDIAN), APPROVE THIS APPLICATION.**

## **COUNSELOR FORM**

NAME OF APPLICANT: \_\_\_\_\_

HOME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLEASE ASSIST THE APPLICANT BY FOLLOWING THE DIRECTIONS BELOW:

- ATTACH A TRANSCRIPT OF GRADES FROM THE PREVIOUS AND CURRENT YEAR TO THE APPLICATION.
  
- LIST THE APPLICANT'S RESULTS OF SCHOLASTIC APPTITUDE TESTS AS INDICATED BY STANDARDIZED TEST SCORES IF KNOWN.

TEST: \_\_\_\_\_ SCORE: \_\_\_\_\_

TEST: \_\_\_\_\_ SCORE: \_\_\_\_\_

STUDENT'S GPA: \_\_\_\_\_

CLASS RANK: \_\_\_\_\_

DATE OF HIGH SCHOOL/COLLEGE/TECHNICAL SCHOOL GRADUATION: \_\_\_\_\_

COUNSELOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_