

# Charles Kilburger Scholarship Application Checklist

Please include this checklist with your scholarship application.

Due Date **January 15, 2021**

√ Please check when complete

\_\_\_\_\_ 1. Charles Kilburger Scholarship Application

\_\_\_\_\_ 2. Counselor's Recommendation

\_\_\_\_\_ 2. Ohio University-Lancaster Application

\_\_\_\_\_ 3. High School Transcript

\_\_\_\_\_ 4. Complete and submit the FAFSA

(Free Application for Federal Student Aid)

[www.FAFSA.gov](http://www.FAFSA.gov)

I understand that unless ***all*** the above have been completed by **January 15, 2021**, I will not be considered for the scholarship.

Student Signature \_\_\_\_\_

High School \_\_\_\_\_

Ohio University-Lancaster  
1570 Granville Pike  
Lancaster, Ohio 43130

# Charles Kilburger Scholarship Application

Ohio University-Lancaster  
1570 Granville Pike  
Lancaster, Ohio 43130

**Please note:** To be eligible for consideration the applicant must be a Fairfield County resident and have attended a Fairfield County high school.

High School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Applicant \_\_\_\_\_  
Last Name First Name Middle Initial

Home Address \_\_\_\_\_  
City Zip Code

Phone # \_\_\_\_\_

	<u>Father or Guardian</u>	<u>Mother or Guardian</u>
Name	_____	_____
Address	_____	_____
	_____	_____

Professional or vocational interests:

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Participation in activities and positions of leadership while in high school:

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Circumstances in applicant's life that may have affected or have been factors in his/her high school record. \_\_\_\_\_

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# Counselor’s Recommendation

Counselor’s statement of support on behalf of applicant:

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**Counselor:** Please attach an official transcript to application and send to Ohio University-Lancaster by **January 15, 2021**.

# Special Financial Circumstances

Explain in this space any special circumstances that should be taken into consideration such as divorce or separation arrangements. Include special care for aged dependents, special housing problems, other children entering college, immediate retirement plans, change of income, etc. Use additional sheet if necessary.

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Name of person who filled out this form. \_\_\_\_\_

To the best of our knowledge, the information reported is complete and correct. We are aware that it is to be used in considering the student applicant whose name appears on it for a college scholarship.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
\_\_\_\_\_  
Parents' Signature