

**APPLICATION FOR SCHOLARSHIP FOR  
MABEL WAGNALLS JONES SCHOLARSHIP and all other scholarships  
administered by The Wagnalls Memorial Foundation except American Legion Scholarships  
FOR THE 2024-2025 SCHOOL TERM**

**APPLICATION DEADLINE: March 15, 2024**

**Mail or return to:**

THE WAGNALLS MEMORIAL FOUNDATION  
ATTN: Deborah Silvia Executive Director  
PO BOX 217, 150 E. COLUMBUS ST.  
LITHOPOLIS OHIO 43136-0217  
(614) 837-4765 ext. 132  
[dsilvia@wagnalls.org](mailto:dsilvia@wagnalls.org)

\_\_\_\_\_ (Date received to be completed by Wagnalls staff)

**Be sure to sign at the bottom of this page and attach your affidavit of residence AND a copy of your high school transcript or most recent college transcript if applicable. Please answer all the questions using ink.**

**BIOGRAPHICAL INFORMATION SHEET:**

NAME (First, Middle, Last, Jr. or II...):		
IF MARRIED, SPOUSE'S NAME:	MARRIED NAME:	
PERMANENT ADDRESS:		
TEMPORARY ADDRESS:		
HOME PHONE NO: ( ) ( )	CELL PHONE NO:	EMAIL ADDRESS:
Provide the following information regarding Parent(s) or Guardian(s) along with their contact information:		
NAME OF FATHER / STEP-FATHER / GUARDIAN: (Circle one)		
ADDRESS:		
EMAIL ADDRESS:	CELL PHONE:	
NAME OF MOTHER / STEP-MOTHER / GUARDIAN: (Circle One)		
ADDRESS:		
EMAIL ADDRESS:	CELL PHONE:	

Please list if you have or other members of your family (and their relationship to you) have received a scholarship administered by the Wagnalls Memorial Foundation:

\_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian if Applicant is under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

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*I wish to be considered for the: (please check for all that you are applying)*

<input type="checkbox"/> <b>MABEL WAGNALLS JONES SCHOLARSHIP</b> (Lith/Bloom resident since 1 <sup>st</sup> grade)	<input type="checkbox"/> <b>WAGNALLS MEMORIAL SCHOLARSHIP</b> (Bloom res. since Sep.1 of 9th gr.)	<input type="checkbox"/> <b>WAGNALLS VOLUNTEER SCHOLARSHIP*</b> (Bloom res. since Sep.1 of 9th gr.)	American Legion Scholarships require a separate application.
	<input type="checkbox"/> <b>CHARLES V. MOORE SCHOLARSHIP</b> (Bloom resident since 1st grade)	<input type="checkbox"/> <input type="checkbox"/> <b>A.B. &amp; HAZEL WEISER SCHOLARSHIP</b> (Bloom resident since 1st grade)	
<b>BIRTH DATE:</b>	<b>AGE:</b>	<b>PLACE OF BIRTH:</b>	<b>FAFSA EFC Score:</b>
<b>CURRENT HIGH SCHOOL ATTENDING:</b>  <b>GRADUATION DATE:</b>	<b>COLLEGE/UNIV YOU WILL BE ATTENDING:</b>	<b>COLLEGE/UNIVERSITY YOU CURRENTLY ATTEND (IF APPLICABLE):</b>	
	<b>TERM STARTING CLASS:</b>  <b>EXPECTED GRADUATION DATE:</b>	<b>ANTICIPATED DEGREE:</b>  <b>MAJORING IN:</b>	<b>DATE YOU BECAME A BLOOM TOWNSHIP RESIDENT:</b> _____

**REMARKS:** Please mention here any information or factors not already covered on this application that you believe should be considered. **Do not include any identifying biographical information** such as your name and address or your parent’s name and address, etc. If you require an immediate response to information, you are including here, you should state your concern in a separate letter. If you do so, please include your name and address in that correspondence.

**The essays on the next page of this form must be completed legibly, preferably typed.**

**Be sure to sign at the bottom of the first page and attach your essays, a copy of your high school transcript or most recent college transcript (if applicable) AND affidavit of residence. Complete application must be scanned and emailed to [dsilvia@wagnalls.org](mailto:dsilvia@wagnalls.org) by March 15, hand-delivered to the library or postmarked by March 15.**

**ESSAY Guidelines:** Please answer all essay questions. Your essays must be approximately 500 in length, legible and preferably typed on separate sheets of paper and attached. For all scholarship essay questions, provide some autobiographical information in narrative form that tells something about the kind of person you are. **Do not include any identifying biographical information** such as your name and address or your parent's name and address, etc. **These are to be original statements, unedited by counselors, teachers, or parents.**

- 1) What is your greatest accomplishment thus far?
- 2) How did you become interested in your major? What influenced your choice of this major?
- 3) How do you define success? What are your goals for achieving your own success?
- 4) Mabel Wagnalls Jones gave significantly to her community. What are your plans to contribute or give back to your community?

\*Volunteer Scholarship applicants will still need a letter of recommendation.

**Be sure to sign at the bottom of the first page and attach your essays, a copy of your high school transcript or most recent college transcript (if applicable) AND affidavit of residence (if applicable).**



***The Wagnalls Memorial Foundation***

*To eligible for the Mable Wagnalls Jones, Charles V. Moore, and the A.B. & Hazel Weiser scholarship, residency must be continuous from September 1st of first grade.  
To be eligible for the Wagnalls Memorial or Wagnalls Volunteer scholarships, residency must be continuous from 9<sup>th</sup> through 12<sup>th</sup> grade.*

**AFFIDAVIT of Residency in Bloom Township, Fairfield County, Ohio for scholarship applicants**

I, \_\_\_\_\_, hereby affirm that I maintain a legal residence in Bloom Township  
at \_\_\_\_\_ and have resided in Bloom Township since  
(address)  
\_\_\_\_\_.  
(month) (day) (year)

I understand that I personally must continue to maintain a legal residence in Bloom Township as long as I receive the scholarship benefit. I agree to immediately notify The Wagnalls Memorial Foundation in writing of any change in my personal residence during the time I receive scholarship benefits from The Wagnalls Memorial Foundation.

(Signed) \_\_\_\_\_

(Date) \_\_\_\_\_

**STATE OF OHIO:**  
**COUNTY OF \_\_\_\_\_:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public in and for said County, personally came \_\_\_\_\_, known to me to be the individual who executed the foregoing instrument, who, being duly sworn, stated that the foregoing statements are true.

Witness my hand and seal on the day and year above written.

(Signed) \_\_\_\_\_

(Seal)