

**APPLICATION FOR SCHOLARSHIP FOR  
THE STYLE TO A TEA SCHOLARSHIP  
FOR THE 2022/2023 SCHOOL TERM  
APPLICATION DEADLINE: MARCH 10, 2022**

\_\_\_\_\_  
(Date received. To be completed by Office Manager)

Please answer all the questions using **ink**.

**Mail or return to:**

THE WAGNALLS MEMORIAL FOUNDATION  
ATTN: SARAH MAYZUM, OFFICE MANAGER  
PO BOX 217, 150 E. COLUMBUS ST.  
LITHOPOLIS OHIO 43136-0217  
(614) 837-4765 ext. 126

**Be sure to sign at the bottom of this page and attach your affidavit of residence and a copy of your high school transcript.**

BIOGRAPHICAL INFORMATION SHEET:

|  |                           |                |
|--|---------------------------|----------------|
| NAME (First, Middle, Last, Jr. or II...):  |                           |                |
| IF MARRIED, SPOUSE'S NAME:   | MARRIED NAME:             |                |
| PERMANENT ADDRESS:   |                           |                |
| TEMPORARY ADDRESS:   |                           |                |
| HOME PHONE NO:<br>( ) ( )  | CELL PHONE NO:<br>( ) ( ) | 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 Mabel Wagnalls Jones Scholarship benefits: \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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|  |   |  |
|--|---|--|
| BIRTH DATE:  | AGE:                                    | PLACE OF BIRTH:  |
| CURRENT HIGH SCHOOL ATTENDING:<br><br>GRADUATION DATE: | COLLEGE/UNIV YOU WILL BE ATTENDING:     |  |
| TERM STARTING CLASS:<br><br>EXPECTED GRADUATION DATE:  | ANTICIPATED DEGREE:<br><br>MAJORING IN: | DATE YOU BECAME A BLOOM TOWNSHIP RESIDENT:<br><br><hr/> <p style="color: red;">This date must be <b>prior</b> to the date you entered 9th grade<br/>(ATTACH NOTARIZED AFFIDAVIT TO BIOGRAPHICAL INFORMATION SHEET)</p> |

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

**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 on that correspondence.

**ESSAY Guidelines:**

On an attached sheet(s), 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. This is to be an original statement, unedited by counselors, teachers or parents.

In addition, please also answer the following:

- (1) What do you consider to be your greatest asset and why?
- (2) What have you chosen as your major? How and why did you choose it?
- (3) How do you define success? What are your goals for achieving your own success?

Your essay must be legible and preferably typed.

*Do Not Write In This Area*

THE STYLE TO A TEA SCHOLARSHIP

**AFFIDAVIT of Residency**

I, \_\_\_\_\_, hereby affirm that I maintain a legal residence in Bloom Township  
at \_\_\_\_\_ and have resided in Bloom Township  
(address)  
since \_\_\_\_\_.  
(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 Mabel Wagnalls Jones Scholarship Fund 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)