

**Thomas J. Seefred Trust Scholarship Application**  
**3551 Leffingwell Road**  
**Canfield, Ohio 44406**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Dorm or Apartment Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of College or University \_\_\_\_\_

Major and Degree Pursued \_\_\_\_\_ Current GPA \_\_\_\_\_

Total # of college hours completed \_\_\_\_\_

Scholarships/Grants received OR you expect to receive (please specify amount and duration)

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

Parents'/Guardians' Names \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Income \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Income \_\_\_\_\_

Student's Occupation \_\_\_\_\_ Income \_\_\_\_\_

Other dependents – list names and ages

\_\_\_\_\_ Age \_\_\_\_\_      \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_      \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_      \_\_\_\_\_ Age \_\_\_\_\_

## **Thomas J. Seefred Trust Scholarship Applicant Agreement and Affidavit**

All applicants seeking a scholarship, an award, or a grant from the Thomas J. Seefred Scholarship are required to provide to the Probate Court, the Thomas J. Seefred Trustee, or the Sponsoring institution, or all three, personal information and background facts including, but not limited to, the following items.

1. Completion of all application forms requested by the Thomas J. Seefred Trustees for consideration for a scholarship to be awarded;
2. Provide to the Probate Court and/or Thomas J. Seefred Trustees, all grade reports, registration data, school records, academic achievements, school-related extracurricular activities; attendance records, report of full-time student status, school and civil awards, and any other school-related information requested by the Trustee from the applicant's high school or college;
3. Disclosure of all awards, grants and scholarships given to the applicant;

Further, if the applicant is selected to receive a grant or a scholarship, he/she agrees to satisfy the following conditions:

1. Establish an account at the financial aid office of the college to which the Trustee may deposit funds for the student to draw against for expenses including, but not limited to, tuition, books and fees;
2. Give full disclosure authorization to the Trustee to examine and obtain written reports from financial accounts in which the applicant/student has an interest, including, but not limited to, bank accounts, stock holdings, trust funds, financial gifts, potential sources of income and any prospective inheritance;
3. Waive any privacy regulations that pertain to college attendance and college records, civil and criminal court records and financial interests that have any effect on expenses of attending college; and
4. To "hold harmless" for any claims against the Trustees.

My voluntary signature represents my full and complete consent and authorization to provide and release any and all information requested by the Trustees including, but not limited to, wage and employment information, tax returns with all supporting schedules, W-2s, 1099s and all materials relating to income held by me individually, jointly or in trust, bank accounts, other forms of investments and any and all school records including grades and schedules.

I further recognize that a failure to provide such information can result in a failure to process the application and jeopardize chances of receiving a possible grant and ultimately result in a denial of my application.

WHEREAS the applicant/student, his parents or legal guardian hereby swear and affirm that all information provided in accordance with this agreement shall be accurate and true to the best of their knowledge and belief.

\_\_\_\_\_  
APPLICANT/STUDENT

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

STATE OF OHIO            )  
  )  
COUNTY OF \_\_\_\_\_ )

Before the undersigned, an officer duly commissioned by the laws of the State of Ohio, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ who having been first duly sworn depose and say they agree to the terms of the above agreement and that all information provided will be correct and true.

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC