

ZANE STATE COLLEGE

ZSC

FOUNDATION

1555 Newark Road · Zanesville, OH 43701
740.588.1206 · Foundation@ZaneState.edu

Scholarship Application

Fall Semester Deadline: May 1

APPLICATION CHECKLIST

To be considered for a Foundation Scholarship, **all items** below must be received by the Foundation Office on or before May 1:

- Completed application form (attached).
- High school transcript, GED test results, or transcript from last college attended. *This may be omitted if you will have completed at least 12 credit hours of coursework at Zane State College before the May 1 deadline. You must have the equivalent of at least a 2.75 GPA on a 4.00 scale. If your high school or college has provided your transcript to Zane State College, you may request the Registrar's Office to forward a copy to the Foundation.*
- Two recommendations: *Forms are available in the Foundation Office and on the College's website or you may request letters from instructors, supervisors, co-workers, or other professionals who are familiar with your academic performance and personal background. Recommendations should cover work habits and initiative, class attendance, intellectual and technological abilities, leadership, length of relationship, accomplishments, and employment experience as applicable. Recommendations from friends and family members will not be accepted.*
- A one-page, typed description of your academic background, employment experiences, career goals, community involvement, interests, and other information you would like considered.
- Financial Aid Results: Submit a copy of your full Student Aid Report (SAR) which is the results from your Free Application for Federal Student Aid (FAFSA). Your SAR is available at <https://www.fafsa.gov>. You will need a FSA UserID and Password to log in to print the SAR.

Please note: scholarships are not awarded until students have registered for classes.

Zane State College Foundation Scholarships

Access
Accounting Technology
Philip & Catherine Adornetto Memorial
Afternoon Tee Rising Tide
AK Steel Environmental
American Electric Power Ohio
AMG Vanadium
Don Benincasa Memorial
Dr. Dale and Carol Boyse
Robert C. Bradley, Sr. ERM Memorial
Patricia L. Brown Memorial
Dr. Paul R. and Linda Brown Presidential Scholarship
Butterfield & Phillips Memorial
Henry & Virginia Cameron Memorial
College Tech Prep
Julie Coopriider Memorial
Culinary Arts
C. Trafford Dick Family
Ronnica J. Dodson - Bethesda Hospital Volunteer
Philip C. Drake Memorial
Engineering Technology
Faculty Textbook
Robert & Leona Fellers
Dr. Dolores Floria Memorial
Fraternal Order of Police Zane Lodge #5
Donald D. Gilbert Memorial
Kenneth Gookins Memorial
Guernsey County
Guernsey-Muskingum Electric Cooperative
Haehnlen-Sprague
Hartley Company
Adrienne Forster Haynes Memorial
HBK CPAs & Consultants
Ray & Betty Hecker
Bryan Hindel Memorial
Lt. Ted Holshuer Memorial
Walker & Mary Huffman Presidential
Huntington Bank
International Association of Administrative Professionals, Zanesville
- Gloria Crooks
International Association of Administrative Professionals, Zanesville
- Phyllis Watts
Robert & Myrtle Jira Family
Bradley & Sandy Johnson
Dick & Brad Johnson
Richard & Jane Johnson
Kessler Sign Company
Knellinger Family
Jack Knight Memorial
Charles S. & Aileen Leasure
William O. Littick Memorial
Bonnie Longaberger
Longaberger Foundation
Lt. Michael J. Lutz Memorial
Gail Marks Memorial
John C. Matesich, Jr. Memorial
Mattingly Family
Mechanical Engineering
Linda M. Meissner Memorial
Eugene R. Mizer Memorial
Charles & Alice Moody Healthcare
Charles Moody Memorial
Mallory Moore Memorial
William & Vonda Moyer
Noble County
Oxford Merit
Oxford Oil
Parks, Recreation, and Wildlife
Part-time Student
Phi Theta Kappa
Raymond Polchow Memorial
Radiologic Technology
Cora E. Rogge
Dr. Stephen D. Rostek Memorial
Clyde & Ruth Ann Simmerman Exemplary Electronics Technician
Joyce A. Farmer Smith Memorial
Ann H. Soppe Memorial
Richard E. "Dick" Sorg Memorial
Sorooptimist International of Zanesville
Professor Emerita Sharon Souder Memorial
Stewart-Alles Outstanding Professor
Charles T. Stewart, Sr. Engineering
Straker Family
Deputy Sheriff Robert Tanner, Jr. Memorial
Taylor-McHenry Muskingum County High School
Corley & Melodie Thomas
Raymond & Eva Thomas
G. William Thompson Family
Dr. Robert & Susan Thompson
James C. Trout Memorial
Susan Tucker Aspiring Accountant
Unrestricted Engineering
Wendy's Community
Dr. Lynn & Mary Kay Willett
Daniel E. Wilson Memorial
Nancy Tracy Wilson Memorial
Women of Achievement
Jack R. Youngs Engineering
Zane State College
Zane State College Alumni
Zane State College Board of Trustees
Zanesville Sertoma Club Memorial

ZANE STATE COLLEGE FOUNDATION SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name: _____
Mr. or Ms. Last Name First Name Middle Other/Maiden

Mailing Address _____

City, State, ZIP _____

County of Residence _____ Email _____
Most information about your scholarship will be communicated via email.

Home Phone _____ Program of Study _____

Cell Phone _____ ZSC Student ID# (if known) _____

EDUCATION

Are you or will you be concurrently enrolled at another college or university? yes no If yes, please list college/university name? _____

List high school and all colleges/universities you have attended:

<i>School Name and City</i>	<i>Dates Attended</i>	<i>Diploma/Degree Received</i>
_____	_____	_____
_____	_____	_____

OTHER INFORMATION—Some scholarships have specific selection criteria designated by the donor. Please answer the following questions:

If you are employed, please list employer: _____

Are you a customer of American Electric Power? yes no

Will you be enrolling (check one) fulltime (12+ credits) or part-time (6-11 credits)

Are you or anyone in your household currently employed by:

The Longaberger Company If yes, please list: Name of employee: _____
 Nestle Purina/Benco Pet Foods Relationship to you: _____
 Wendy's Restaurant

If anyone in your family is a graduate of Zane State College (or Muskingum Tech), please list:

Name of graduate: _____
Relationship to you: _____ Date he/she graduated _____

CERTIFICATION

- I understand I must provide all required information and documents for my application to be evaluated.
- I authorize the Zane State College Foundation to have access to all educational records pertinent to this scholarship application including records to verify enrollment, GPA, and financial aid status.
- I give the Zane State College Foundation permission to release any or all information contained in my application packet to the Scholarship Selection Committee and the donor(s) from whom I receive funds.
- I give Zane State College the right to use my student directory information for promotional and news release purposes.
- I understand that all scholarships are reported to the Office of Student Financial Aid.
- I understand that I may be required to meet with the Foundation Office before a scholarship is awarded.
- If I am awarded a scholarship, I will be required to participate at a breakfast event in September.
- I certify, to the best of my knowledge, the information contained in this application is complete and accurate.

Applicant's Signature _____

Date _____



Zane State College Foundation Scholarship Recommendation Form

Student Section

Applicant Name:	ZSC ID#:
<i>Please complete this portion of the form and give it to the person who has agreed to write a recommendation for you. Recommendations from a faculty member, advisor, or other person familiar with your academic and personal background are preferred. Recommendations from friends and family members will not be accepted.</i>	
FERPA Release - In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize _____ (name of recommender) to discuss the following information: work habits and initiative, class or work attendance, intellectual and technological abilities, leadership, accomplishments, employment experience, and financial need; and release the information to the Zane State College Foundation for the purpose of providing a recommendation for a scholarship award.	
I understand further that: 1) I have the right not to consent to the release of my education records; 2) I have the right to receive a copy of such records upon written request; and 3) this consent shall remain in effect until revoked by me, in writing, and delivered to Zane State College, but that any such revocation shall not affect disclosures previously made by Zane State College prior to the receipt of any such written revocation.	
Please check one:	
<input type="checkbox"/> I agree to waive my right to access and examine, now or at any time in the future, the recommendation form (or copies) written by the recommender named below.	
<input type="checkbox"/> I do not waive my right to access and examine recommendation form (or copies) written by the recommender named below. I may request a copy of this recommendation by contacting the Zane State College Foundation or the person named below.	
Student Signature:	Date:

Recommender Section

<i>Thank you for completing this recommendation. The student named above is applying for a Zane State College Foundation scholarship. Your comments and candid appraisal will be instrumental in assisting with the evaluation of the applicant's scholarship application. An accompanying letter of recommendation is welcome if you have further information regarding you would like to share. The deadline for applications is May 1; therefore, your prompt response is necessary to facilitate the student's chance of receiving a scholarship. Reference forms or letters must include an original signature. Faxes, e-mails, or copies will not be accepted. Please return this form to: Zane State College Foundation, 1555 Newark Road, Zanesville, OH 43701. If you have any questions concerning the scholarship process, please contact the Foundation at 740.588.1206 or Foundation@ZaneState.edu.</i>	
<input type="checkbox"/> I certify that I have a professional relationship with the student and I am not personally related to the student.	
<input type="checkbox"/> I certify that the information provided is complete and accurate to the best of my knowledge. I give the Zane State College Foundation permission to verify all information on this document.	
<input type="checkbox"/> I give the Zane State College Foundation permission to share any/all information/data I have provided in support of the above listed students' application for a scholarship with the scholarship selection committee members, officers and agencies administering the scholarship program.	
Printed Name:	
Signature:	Date:
Relationship to Student:	

Please rate the applicant and/or comment as appropriate on the following:
Rating Scale: 4–Excellent 3–Above average 2–Average 1–Below average

Area/Rating	Comments
Work habits and initiative Rating _____	
Class or work attendance Rating _____	
Intellectual and technological abilities Rating _____	
Leadership (in or out of the classroom) Rating _____	
Length of relationship with applicant	
Accomplishments, employment experience, or other information Rating _____	
Additional comments	



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Leadership (in or out of the classroom) Rating _____	
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Accomplishments, employment experience, or other information Rating _____	
Additional comments	