

**JOSEPH J. HOHNER SCHOLARSHIP  
AND EDUCATIONAL BOARD OF LASALLE COUNTY**  
119 W. Madison St., Room 102, Ottawa Il 61350  
P|815-434-0780 E|[jhaywood@roe35.org](mailto:jhaywood@roe35.org)

**DEADLINE: APRIL 17, 2023 by close of business**

**Application For College or University, Two-Year College, Trade School, or Graduate School**

The Joseph J. Hohner Scholarship is a gift of the estate of Dr. Joseph J. Hohner of LaSalle County. Dr. Hohner was an Ottawa physician who died in 1972, leaving a half-million dollar special trust, the interest of which funds the scholarship. It is a one-year scholarship open only to full-time students **that live in or graduated from an Ottawa high school.**

Award selection is based on BOTH need and merit. The amount of the award will vary depending on the funds available from the scholarship investment and on the number of qualified applicants. **The scholarship is not automatically renewable. You must submit a current and complete application every year. Nothing is carried over from the previous year.**

**ONLY** applicants **chosen to receive** the Hohner Scholarship **will be notified.** Applicants wishing to inquire about the status of their application may call our office at (815) 434-0780 or email [jhaywood@roe35.org](mailto:jhaywood@roe35.org).

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**To qualify for the Joseph J. Hohner Scholarship, you must be:**

- **A FULL-TIME STUDENT (12 HOURS)**

Submit **ALL** of the following items:

- CURRENT** Application Form, **fully COMPLETED and SIGNED.**
  - PARENT(S) FEDERAL 1040 OR 1040 EZ TAX FORM- SIGNED** (pages 1 & 2)  
If you are filing as a dependent student (see page 4) (You may obliterate social security and/or tax id numbers)
  - Copy of your Federal 1040 or 1040EZ Tax Form- SIGNED**  
Pages 1 & 2 if you are filing as a dependent student (see page 4) (You may obliterate social security and/or tax id numbers)
  - HIGH SCHOOL OR COLLEGE TRANSCRIPTS** (Official transcripts are not required, but transcript information should be in a format that shows educational history.)
  - CURRENT FAFSA**
  - ACCEPTANCE LETTER** (for beginning or transferring students.)
  - Summary of expected annual costs of tuition, fees, room & board.**
  - Verification of grants, waivers, scholarships, etc. from the college.**
  - DEADLINE:**  
All items must be returned to the above address **no later than CLOSE OF BUSINESS on APRIL 17, 2023.**
  - All required application materials should be secured together and returned at the same time in one envelope.
  - Please be sure to have **ADEQUATE POSTAGE** on all applications that are mailed. Applications with postage due will be returned to you.
  - If the above requirements have not been met, this application will not be considered for the award.
- Read **ALL** instructions carefully. Read instructions **COMPLETELY** before starting.
  - Gather all necessary materials.

Student Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_ City: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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Student's Current School: \_\_\_\_\_

Student's extra-curricular and/or community activities:

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Student's work experience:

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Honors and Awards:

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Explain **SPECIAL CIRCUMSTANCES** which may qualify you for a scholarship (Use separate sheet if necessary):

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**FINANCIAL INFORMATION**

For financial aid purposes, you are a **dependent student** if you can answer **NO** to **ALL** of these questions:

- Were you born before January 1, 1999?
- During the school year, 2023-24, will you be working on a master's or doctorate program? Are you married?
- Do you have children who receive more than half of their support from you?
- Do you have dependents other than your children or spouse?
- Are you an orphan, or are you or were you (until age 18) a ward/dependent of the court?
- Are you a Veteran?

If you are dependent student, you must provide information about your parents when you apply for this scholarship.

- If your parents are both living and married to each other, answer the questions about them (you will be providing information about two people).
- If your parent is widowed or single, answer the questions about that parent (you will be providing information about one person). If your widowed parent has remarried as of today, answer the questions about that parent and the person whom your parent married (you will be providing information about one person).
- If your parents are divorced or separated, answer the questions about the parent you lived with more during the past 12 months. If you did not live with one parent more than the other, give answers about the parent who provided more financial support during the last 12 months, or during the most recent year that you actually were supported by a parent (you will be providing information about one person). If this parent has remarried as of today, answer the questions on the rest of this form about that parent and the person whom your parent married (you will be providing information about two people).

For financial aid purposes, you are an **independent student** if you can answer **YES** to **ANY** of these questions:

- Were you born before January 1, 1999?
- During the school year, 2023-24, will you be working on a master's or doctorate program? Are you married?
- Do you have children who receive more than half of their support from you?
- Do you have dependents other than your children or spouse?
- Are you an orphan, or are you or were you (until age 18) a ward/dependent of the court?
- Are you a Veteran?

If you are an independent student, you must supply information about only yourself, or yourself and your spouse, not your parents.

## FINANCIAL INFORMATION

	<b>Dependent Student (Fill in answer or amount here)</b>	<b>Independent Student (Fill in answer or amount here)</b>
1. Student's occupation:		
2. Student's employer:		
3. Work phone:		
4. Student's income as listed on W-2 (s):	\$ _____	\$ _____
5. Father's occupation:		<b>Not applicable</b>
6. Father's Employer:		<b>Not applicable</b>
7. Work phone:		<b>Not applicable</b>
8. Father's income listed on W-2 (s):	\$ _____	<b>Not applicable</b>
9. Mother's occupation:		<b>Not applicable</b>
10. Mother's Employer:		<b>Not applicable</b>
11. Work phone:		<b>Not applicable</b>
12. Mother's income listed on W-2 (s):	\$ _____	<b>Not applicable</b>
13. Do you own your own business?	No _____ Yes _____ Type of Business _____	No _____ Yes _____ Type of Business _____
14. Self Employment Income	\$ _____	\$ _____
15. Income from other sources, i.e. child support, alimony, rental, etc.	Source: _____ \$ _____	Source: _____ \$ _____
16. Adjusted gross income as reported on parent's Federal 1040 or 1040 EZ ( <b>signed</b> copy must be attached)(attach schedule C if self-employed)	\$ _____	<b>Not applicable</b>
17. Adjusted gross income as reported on student's Federal 1040 or 1040 EZ ( <b>signed</b> copy must be attached)	\$ _____	\$ _____
18. Will any one else, such as a grandparent be contributing to the student's educational expenses?	No Yes, How much will be received \$ _____	No Yes, How much will be received \$ _____
19. Grant's, scholarships, or other financial aid received or pending for this school year?	No Yes, How much will be received \$ _____	No Yes, How much will be received \$ _____

20. How many times have you and/or siblings received this scholarship?	You _____ Siblings _____	You _____ Siblings _____
21. Available savings or investments for financing education:	\$ _____	\$ _____

**22. LIST STUDENT APPLICANT and ALL CHILDREN and ADULTS in your home who will be FULL-TIME STUDENTS (at least 12 hours) at any school this fall, and for whom parent(s) are financially responsible.**

Name of Student	Age	School to be attended in the fall	Grade or year in school this fall.

\*NOTE: If you are an **INDEPENDENT STUDENT**, list **ONLY YOURSELF** and those people for whom **YOU** are financially responsible.

I verify the above information to be correct.

\_\_\_\_\_  
Student Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father Signature (required for Dependent student)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother Signature (required for Dependent student)

\_\_\_\_\_  
Date

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