

DEADLINE: APRIL 16, 2024 by 4:00pm

Joseph J. Hohner Scholarship and Educational Board of LaSalle Co

119 W. Madison Street, Room 102 Ottawa, IL. 61350

Office Hours: M – F from 8:00 a.m. to 4:30 p.m.

Phone: (815) 434-0780

Elementary or High School Scholarship Application Form

This scholarship is open to full-time Ottawa school students in grades K-12.

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. More than one million dollars has been distributed to over 2,000 students since the scholarship was established.

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 a Hohner Scholarship **will be notified in June.** Applicants wishing to inquire about the status of their application may call our office at (815) 434-0780.

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

✓ **A FULL TIME OTTAWA SCHOOL STUDENT**

You will need to submit **ALL** of the following items:

- APPLICATION FORM**, fully **COMPLETED** and **SIGNED** - Do not make up an application.
- Current FEDERAL 1040 or 1040EZ TAX FORM – SIGNED** (pages 1 & 2)
(You may obliterate social security and/or tax id numbers)
- CURRENT REPORT CARD or TRANSCRIPT.**
- CURRENT FACTS.** (Complete Summary)

- **Deadline:** All items must be returned to the above address no later than close of business on **April 16, 2024.**
- 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 an award.

Tips for Completing ANY Scholarship Application:

- Read all instructions through completely before starting.
- Gather all necessary materials.
- Allow time to order transcripts or other required items. Plan ahead for vacation dates and holidays when school offices are not open.
- Include everything that is requested.
- Send only what is requested.
- Be honest.
- Be accurate. Check your work. Check your spelling.
- Submit your application as early as possible.
- Respond quickly to any request for additional information.
- Neatness counts! Don't use scrap paper, odd sized paper or back of something else as part of your application.
- Each person applying for a scholarship must have a **separate and complete application** package.

Student Name: _____

Parent Names: _____

Complete Address: _____ City: _____

Email Address: _____ Phone: _____

Date of Birth: _____ Age: _____

Elementary or High School to be attended in the Fall: _____ Grade: _____

Dependent Student (Fill in answer or amount here)	
1. Father's occupation:	
2. Father's Employer:	
3. Work phone:	
4. Father's income listed on W-2 (s):	\$ _____
5. Mother's occupation:	
6. Mother's Employer:	
7. Work phone:	
8. Mother's income listed on W-2 (s):	\$ _____
9. Adjusted gross income as reported on parent's Federal 1040 or 1040 EZ (signed copy must be attached)(attach schedule C if self-employed)	\$ _____
10. Adjusted gross income as reported on student's Federal 1040 or 1040 EZ (signed copy must be attached)	\$ _____
11. Will anyone else, such as a grandparent be contributing to the student's educational expenses?	No Yes If yes, amount: \$ _____
12. Do you own your own business?	No _____ Yes _____ Type of Business: _____
13. Self-Employment Income	\$ _____
14. Income from other sources, i.e. child support, alimony, rental, etc.	\$ _____ Source: _____
15. Grant's, scholarships, or other financial aid received or pending for this school year?	No ____ Yes ____ If yes, amount: \$ _____

16. Scholarship recieved last school year? No ____ Yes ____ If yes, amount: \$ _____

17. How many times have you and/or siblings received this scholarship?

You _____ Siblings _____

18. Available savings or investments for financing education:

\$ _____

19 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

Explain **SPECIAL CIRCUMSTANCES** which may qualify you for a scholarship (use a separate sheet of paper as needed):

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

If you are granted aid, will you permit the Joseph H Hohner Scholarship Committee to release your name to the media?

___ Yes, you may use my name.

___ No, you may not use my name.

Signature of applicant: _____

Date: _____