

**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

DEADLINE: APRIL 16, 2025 by 4:00pm

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.

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**. Do NOT make up an application.
 - 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 (Full Summary)**
 - 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 16, 2025.**
 - 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.

Student Name: _____

Complete Address: _____ City: _____

Email Address: _____ Phone: _____

Date of Birth: _____ Age: _____

Student's Current School: _____

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

Student's work experience:

Honors and Awards:

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

School to be attended in the Fall: _____

Type of school:

- Two-year or junior college or trade school. What year or grade level? : _____ (13, 14, 15, etc)
- Four-year college or university. What year or grade level?: _____ (13, 14, 15, etc)
- Graduate school or law or medical school. What year or level: _____ (1st year law, 3rd year med, etc)

Major Area of Study: _____

Expected Date of Graduation: _____ Expected Degree: _____ (BS, BA, MA, PHD, etc)

Career Plans (use additional pages if necessary):

FINANCIAL INFORMATION

	Dependent Student (Fill in answer or amount here)	Independent Student (Fill in answer or amount here)
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:		Not applicable
6. Father's Employer:		Not applicable
7. Work phone:		Not applicable
8. Father's income listed on W-2 (s):	\$ _____	Not applicable
9. Mother's occupation:		Not applicable
10. Mother's Employer:		Not applicable
11. Work phone:		Not applicable
12. Mother's income listed on W-2 (s):	\$ _____	Not applicable
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 (signed copy must be attached)(attach schedule C if self-employed)	\$ _____	Not applicable
17. Adjusted gross income as reported on student's Federal 1040 or 1040 EZ (signed 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 Applicant	Age	School to be attended in the fall	Grade or year in school this fall.
Name of Sibling	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

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 man not use my name.

Signature of applicant: _____

Date: _____

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