



Knox County Foundation Vocational Scholarships are available to residents of Knox County who are attending, or will attend, an occupational training program of two-years or less at an accredited vocational school, technical school, community college, or junior college.

To be eligible, applicants must:

- Be a Knox County resident
- Submit a high school transcript or GED
- Complete and submit a copy of the Student Aid Report (SAR) of the Free Application for Federal Student Aid (FAFSA)
- Complete (and sign) the Vocational Scholarship Application in full

**COMPLETED APPLICATIONS ARE DUE BY 4:00 P.M. ON:**

MARCH 15: For Summer/Fall Consideration

JULY 15: For Fall/Winter Consideration

OCTOBER 15: For Winter/Spring Consideration

*\*\*Please see the bottom of this page for submission addresses.\*\**

For questions, please contact Lisa Lloyd, Program Director,  
at 740-392-3270 or Lisa@knoxcf.org

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**SECTION 1: APPLICANT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender (optional)  M  F Last 4 of SSN \_\_\_\_\_

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**Return completed applications to:**

**Mail:**

Knox County Foundation  
PO Box 309  
Mount Vernon, OH 43050

**In Person:**

Knox County Foundation  
101 East Gambier Street  
Mount Vernon, OH 43050

**E-mail:**

[lisa@knoxcf.org](mailto:lisa@knoxcf.org)

## SECTION 2: PREVIOUS EDUCATION

Education Type	Name of Institution	Degree Attained	Completion/Grad Date
High School			
Associate			
Bachelor's			
Master's			
Other			

## SECTION 3: CURRENT EDUCATIONAL GOAL

College/School: \_\_\_\_\_

Admission Status:  Applied  Accepted  Wait List  Plan to Apply

Anticipated Program: \_\_\_\_\_

Cost of Program (may attach cost breakdown if provided): \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ First Payment Due Date: \_\_\_\_\_

## SECTION 4: PERSONAL GOALS

How do you plan to pay for your education? (List grants, savings, loans, working, etc.):

What are your goals in the next 5-10 years? What do you hope to do upon completion of your program? (For example, where do you hope to live and work?):

## SECTION 4: PERSONAL GOALS, CONT'D

Please explain any financial circumstances that were not addressed on the FAFSA. Why do you need this scholarship and how would receiving it impact the achievement of your goals?

Is there any additional information you consider supportive of your application for scholarship assistance from the Knox County Foundation?

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### Please attach the following:

- High School Transcript or GED
- FAFSA Student Aid Report (SAR) required by your school or for the year in which you are applying for financial aid
- Financial Aid Package from Educational Institution (if available)

I certify all information provided is true, complete, and accurate. I understand that information such as educational records, which includes name, social security number, student ID number, address, job placement and retention records may be needed to verify eligibility for this scholarship and to coordinate with other agencies/institutions. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits the disclosure of the aforementioned information by educational institutions to the Knox County Foundation for review by the Knox County Foundation staff and Scholarship Selection Committee. I furthermore release to Knox County Foundation the right to use my name, school, program taken, and other information contained in this application for Foundation publications, reports and/or press releases. If awarded a scholarship, I allow Knox County Foundation to verify both my enrollment and completion of orientation (if applicable) before funds are distributed to my accredited school. I will also allow my accredited school to disclose my completion, licensure, and workforce placement information to the Knox County Foundation.

Agree

Disagree

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_