

## **ELLA WEISS EDUCATIONAL FUND**

Application for Academic Scholarship

Ella Weiss established the Educational Fund to provide scholarships to ***“worthy, needy and ambitious students under the age of 23 years, who are residents of Ohio, and who desire a college education at an Ohio educational institution and attend an accredited Ohio university which offers a 4 year program.”*** The scholarships are awarded on an annual basis by an Advisory Committee.

**IMPORTANT:** In order for your application to be considered, **ALL** of the following must be submitted to the following address and **postmarked no later than May 31<sup>st</sup>**.

FirstMerit PrivateBank  
Attn: Toby Blossom  
106 S. Main St., 5<sup>th</sup> Floor  
Akron, OH 44308

To qualify for consideration of an Ella Weiss Scholarship, you **MUST** meet the following criteria:

- Minimum GPA of 2.80 **OR** Minimum Composite ACT Score of 22
- Adjusted Gross Income less than \$100,000 (per FAFSA form)
- Be an Ohio resident
- Be less than 23 years old
- Attend an Ohio community college or university (offering 2-4 year program)

In addition to the above requirements, you **MUST** submit the following information:

- Current FAFSA form
- Transcript of your credits and/or ACT scores (if you are a high school student, or a transcript of your college credits (if you are currently a college student)
- One personal recommendation from your teacher (if you are a high school student), or a recommendation from one of your college advisors (if you are currently a college student)
- Completed Application Form (see attached)

For questions, contact FirstMerit Bank at 330-384-7302.

**ELLA WEISS EDUCATIONAL FUND**

**Application for Academic Scholarship**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last First Middle

Email address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
# and Street City ST Zip

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

High School and/or Colleges Attended:	Dates Attended:
_____	_____
_____	_____
_____	_____

High School Graduation Date (or expected date): \_\_\_\_\_

To what colleges have you applied for admission:

_____	Accepted? [ ] Yes [ ] No
_____	Accepted? [ ] Yes [ ] No
_____	Accepted? [ ] Yes [ ] No

If you have applied for or received an Ella Weiss Scholarship in the past, please complete:

School Year	Rejected	Awarded	Amount of Scholarship
_____	_____	_____	_____
_____	_____	_____	_____

Are you the beneficiary of any other scholarship award?  Yes  No

If yes, please describe the award: \_\_\_\_\_

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List high school or college honors and extracurricular activities in which you participate:

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List hobbies and out-of-school activities (youth groups, churches, etc.): \_\_\_\_\_

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Estimate the amount needed to complete educational financing for year of application:

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Do you have any learning disabilities?  Yes  No If Yes, please explain:

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State clearly & concisely your reasons for desiring a college education, your scholarship objectives and the primary college course of study you wish to pursue:

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## **COMMENT SECTION**

**Explain any special circumstances which the Advisory Committee should know.**

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**Certification: I (We) declare that the information reported is true, correct & complete.**

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**Applicant Signature**

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**Parent's Signature (if FAFSA information reflects parent's financial information)**

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**Date Completed**