

ELIZABETH YOX \$1000 SCHOLARSHIP APPLICATION

The Elizabeth Yox Scholarship Fund has been established in honor of Betty Yox, retired office administrator for Dayton Right to Life. She unselfishly gave of her time and talent for over twenty years, and saved many babies along the way. The \$1,000 scholarship will be awarded to a young woman who resides in the Miami Valley area of Dayton, Ohio, who has experienced an untimely pregnancy, and has chosen life for her child. The scholarship money will be paid directly to the college of the applicant's choice in two installments, to be used for books, tuition and miscellaneous fees. Please include the following:

- A letter of acceptance from the college
- Up to (3) reference letters from a sponsor (school counselor, teacher, or clergy member)
- Personal Essay

PLEASE PRINT IN BLUE OR BLACK INK

Date: _____ E-mail address(**required**): _____

Name _____ SSN: _____ - _____ - _____

Address: _____ City: _____ Zip: _____

Birthdate: _____ Age: _____ Marital Status: _____

Who resides in your home:(check all that apply) _____mother _____father _____siblings
_____ husband _____ baby's father _____boyfriend _____your child/children _____other

Church Affiliation: _____

Home Phone: _____ Cell Phone: _____

Additional Phone: _____ (name of person/relationship) _____

High School Attended: _____ Current Grade: _____

Current GPA: _____ *Please recap at the end of the school year with your final GPA.

School Activities (including leadership roles):

Extracurricular Activities:

List colleges where you applied: _____

What is your first choice: _____ Where have you been accepted? _____

What do you plan to study: _____

Career Objectives: _____

List standardized test scores if taken: SAT: _____ ACT: _____

Have you completed the FAFSA: ____yes ____no What is your EFC: \$ _____

What other scholarships or financial assistance are you getting for college? _____

What are your **monthly** sources of income? (If you are a dependent, list your parent's **monthly** sources of income) _____

ADC: \$ _____ SSI: \$ _____ Food Stamps: \$ _____

Do you work? If so, where: _____ Part-time employment: \$ _____

How many children do you have? ___ Child's Name(s) & Age(s): _____

Who cares for them while you are in school? _____

Who will care for them when you are in college? _____

What is your vision or dream for your child? _____

Do you consider yourself pro-life or pro-choice? Why? _____

Applicant's Signature

Date

Sponsor's Signature

Date

ELIZABETH YOX SCHOLARSHIP RULES:

- 1) **Incomplete applications will not be accepted**
(If an answer does not apply to you, please list n/a)
- 2) **Complete and print all information on application in blue or black ink.**
- 3) **On a separate sheet of paper, submit a 1 to 2 page typed essay as to how you think you will benefit from a \$1,000 scholarship to further your post high school education. Please state in essay why your pregnancy was untimely. Please include with application.**
- 4) **Include an acceptance letter from the college you plan on attending**
- 5) **Have your sponsor (school counselor, teacher, social worker, clergy member) submit a letter of recommendation as to why he/she thinks you should receive a \$1,000 scholarship. You may submit a maximum of (3) letters of recommendation. Sponsor may not be a family member.**
- 6) **Applicant and Sponsor sign and date the application**
- 7) **Application must be postmarked no later than May, 4, 2012 and mailed or delivered to:**

**Life Resource Centre
425 North Findlay Street
Dayton, OH 45404**

Any questions concerning this scholarship can be addressed to Elaine Bonner, Scholarship Chair at 937.223.9227 or at ebonner@daytonlife.org. If selected, you may be asked to speak at our annual fundraiser in September.

Anticipated Award Date: May 21, 2012

Revised 1-23-12