



"Promoting Student Success Through Community Involvement"



www.partnerstoledo.org

Last Dollar Scholarship Application
2010

I. Student's Name: _____
Social Security #: _____ Telephone #: _____
Permanent Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

II. High School graduated from: _____
Graduation date: _____
College you will be attending: _____

I will live:

___ On Campus ___ At Home ___ Own Apartment ___ Other

III. Name of Custodial Parent(s)/ Guardian(if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone#: _____

IV. A.) List any scholarship/grants and the amounts that you will be receiving this coming academic year from organizations other than your college:

B.) List any unusual circumstances that should be considered:



I have read the guidelines of the *Partners In Education* Program and accept those provisions and;
Give: ___ Do not give: ___ my permission for this completed application to be shared with any other organization s which grant scholarships for which I may qualify.

Signed: _____ Date: _____