

SCHOLARSHIP APPLICATION 2020-2021 ACADEMIC YEAR

Ty Cobb Educational Foundation

P. O. Box 937

Sharpsburg, GA 30277

E-mail: tycobb@mindspring.com

Web Site: www.tycobbfoundation.com

Section A. General Information

Name: _____ Last four digits of your Soc. Sec. #: _____
(Last, First, Middle. Circle the given name you use.)

Your college mailing address: _____
Street or Box No. City State Zip Code

Your home address: _____
Street City State Zip Code

Scholarship selections are announced in May. Please indicate the address where you can be reached at that time. College ___ Home ___ Other: _____

E-mail address: _____ Sex: Male ___ Female ___

Date of birth: _____ Place of birth: _____ State of legal residence: _____
City State

High School Graduation: _____
Name of School City State Date of Graduation

Are you a Georgia resident? _____ Are you a U.S. citizen? _____

If no to either of these questions, student is not eligible to apply for this scholarship.

High School and community honors, honorary organizations and offices held: _____

College honors, honorary organizations, and offices held: _____

Institution presently attending: _____

Educational plans for the 2020-2021 academic year: Institution to be attended _____

Major: _____ Degree objective: _____ Expected graduation: _____
Month Year

What is the total amount of your student loans? \$ _____ Your earned income in 2019: \$ _____

The Ty Cobb Scholarship is awarded only to fulltime undergraduate students, generally defined by someone taking 12 or more credit hours per semester or as otherwise defined by the academic institution and so noted in the application, or to professional students pursuing a MD/DO or DMD/DDS degree who are fulltime.

Application Deadline March 1, 2020 Parents and the college financial aid officer must complete the required sections of this application before submission to the Foundation.

Section B. Student Information

A response is required in each blank. Please respond “none” or “zero” where appropriate.

Are you married? yes ____ no ____

Are you self-supporting and not dependent on parents? yes ____ no ____

If you answered “yes” to either of the above questions, you must answer the following questions in Section B. If you answered “no” to both questions, go to Section C.

Name of spouse: _____ Occupation and employer: _____

Applicant’s occupation and employer: _____

Please give the name and age of each of your children: _____

2018 adjusted gross income of applicant and spouse: \$ _____
 (Use same figure as sent to IRS on your tax return and you must attach a copy of your most recent tax return – summary page only)

Report all assets and liabilities of applicant and spouse:

	Present Value	Amount Owed
Home	_____	_____
Automobiles	_____	_____
Business or Farm	_____	_____
Other real estate and investments	_____	_____
Cash and savings	_____	_____
Other	_____	_____
Total	_____	_____

Section C. Narrative

Please state in separate attachment the specific circumstances which cause you to request financial assistance.(Must be typed)

Section D. Parents' Information

Father: _____ Occupation and employer: _____

Address: _____
Street or Box City State Zip Code

Mother: _____ Occupation and employer: _____

Address: _____
Street or Box City State Zip Code

The following information must be completed by the parents or guardians of an applicant age 29 or younger. A response is required in each blank space. Please respond "none" or "zero" where appropriate. An applicant who is age 30 or older, please go to Section E.

Number of parents living: _____ Age of older parent: _____ Marital status: _____

Please give the following information on your children other than the applicant:

Name Age School to be attended in 2020-2021

2018 adjusted gross income of both parents: \$ _____

(Use same figure as sent to IRS on your tax return and must attach a copy of your most recent tax return – summary page only)

Report all assets and liabilities of both parents.

	Present Value	Amount Owed
Home	_____	_____
Automobiles	_____	_____
Business or Farm	_____	_____
Other real estate and investments	_____	_____
Cash and savings	_____	_____
Other	_____	_____
Total	_____	_____

Section E. Signatures

I attest to the accuracy and completeness of the above information and authorize the College Financial Aid Officer to provide the information requested Section F. Please sign and date.

Applicant _____ Date _____ Spouse _____ Date _____

Father _____ Date _____ Mother _____ Date _____

Section F. Financial Aid Officer Certification

College Attended in 2019-2020

Did the student submit a FAFSA? Yes _____ No _____

If yes, please give the Expected Family Contribution for 2019-2020. (EFC) _____

FINANCIAL AID AND RESOURCES FOR THE 2019-2020 ACADEMIC YEAR

<u>SOURCE</u>	<u>AMOUNT</u>
Pell Grant	_____
HOPE Scholarship/Grant	_____
Georgia Tuition Equalization Grant	_____
Other grants and scholarships	_____
Federal loans	_____
Other loans	_____
College Work-Study	_____
Other employment	_____
Other resources and/or benefits	_____
TOTAL	_____

Signature of Financial Aid Officer	Institution	Date
------------------------------------	-------------	------

IN LIEU OF THE ABOVE, THE STUDENT MAY ATTACH A COPY OF THEIR FINANCIAL AID AWARD LETTER FROM THEIR SCHOOL THAT THEY ATTENDED DURING THE 2019/2020 ACADEMIC YEAR