

**SCHOLARSHIP APPLICATION 2022-2023 ACADEMIC YEAR**

**Ty Cobb Educational Foundation**

P. O. Box 937

Sharpsburg, GA 30277

E-mail: [tycobb@mindspring.com](mailto:tycobb@mindspring.com)

Web Site: [www.tycobbfoundation.com](http://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 2022-2023 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 2021: \$ \_\_\_\_\_

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, 2022** 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: \_\_\_\_\_  
\_\_\_\_\_

2020 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 2022-2023

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2020 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 \_\_\_\_\_

<b>Section F. Financial Aid Officer Certification</b>
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**College Attended in 2021-2022**

Did the student submit a FAFSA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the Expected Family Contribution for 2021-2022. (EFC) \_\_\_\_\_

**FINANCIAL AID AND RESOURCES FOR THE 2020-2021 ACADEMIC YEAR**

<u><b>SOURCE</b></u>	<u><b>AMOUNT</b></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	_____
<b>TOTAL</b>	_____

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Signature of Financial Aid Officer	Institution	Date
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***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 2021/2022 ACADEMIC YEAR***