

**SCHOLARSHIP APPLICATION 2010-2011 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: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(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 July. Please indicate the address where you can be reached at that time. College \_\_\_ Home \_\_\_ Other: \_\_\_\_\_  
Street City State Zip Code

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

Number of years you have lived in Georgia: \_\_\_\_\_ Marital Status: \_\_\_\_\_

High School and community honors, honorary organizations and offices held: \_\_\_\_\_  
\_\_\_\_\_

College honors, honorary organizations, and offices held: \_\_\_\_\_  
\_\_\_\_\_

Institution presently attending: \_\_\_\_\_

Educational plans for the 2010-2011 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 2009: \$ \_\_\_\_\_

*Application Deadline June 15, 2010*      *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: \_\_\_\_\_  
 \_\_\_\_\_

2009 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 2009 tax return – first page only)

2009 total non-taxable income of applicant and spouse \$ \_\_\_\_\_  
 (including Social Security benefits, SSI, welfare, child support, payments to IRA and other tax-deferred pension and savings plans, and tax-exempt interest income.)

Anticipated income of applicant and spouse in 2010: \$ \_\_\_\_\_

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 the specific circumstances which cause you to request financial assistance. Additional pages may be attached if necessary.

**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 2010-2011 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2009 adjusted gross income of both parents: \$ \_\_\_\_\_  
 (Use same figure as sent to IRS on your tax return and must attach a copy of your 2009 tax return – first page only)

2009 total non-taxable income of both parents \$ \_\_\_\_\_  
 (including Social Security benefits, SSI, welfare, child support, payments to IRA and other tax-deferred pension and savings plans, and tax-exempt interest income.)

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 2009-2010**

Did the student submit an application for federal financial aid for the 2009-2010 academic year?

Yes \_\_\_ No \_\_\_ If yes, please give the Expected Family Contribution. (EFC) \_\_\_\_\_

**FINANCIAL AID AND RESOURCES FOR THE 2009-2010 ACADEMIC YEAR**

SOURCE	AMOUNT
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

**College To Be Attended in 2010-2011**

Has the student submitted an application for federal financial aid for the 2010-2011 academic year?

Yes \_\_\_ No \_\_\_ If yes, please give the Expected Family Contribution. (EFC) \_\_\_\_\_

**If no, student is not eligible to apply for this scholarship.**

**FINANCIAL AID AND RESOURCES FOR THE 2010-2011 ACADEMIC YEAR**

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HOPE Scholarship/Grant	_____
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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