

**SCHOLARSHIP APPLICATION 2015-2016 ACADEMIC YEAR**  
**Ty Cobb Educational Foundation**  
P. O. Box 937  
Sharpsburg, GA 30277

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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 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: \_\_\_\_\_

Are you a U.S. citizen or VISA holder? \_\_\_\_\_

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

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

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

Educational plans for the 2015-2016 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 2014: \$ \_\_\_\_\_

***Application*** ***Parents and the college financial aid officer must complete the required***  
***Deadline June 15, 2015*** ***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: \_\_\_\_\_

\_\_\_\_\_

2014 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 2014 tax return – summary page only)

2014 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 2015: \$ \_\_\_\_\_

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 2015-2016

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2014 adjusted gross income of both parents: \$ \_\_\_\_\_  
 (Use same figure as sent to IRS on your tax return and must attach a copy of your 2014 tax return – summary page only)

2014 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 2014-2015**

Did the student submit an application for federal financial aid for the 2014-2015 academic year?

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

**FINANCIAL AID AND RESOURCES FOR THE 2014-2015 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	_____
<b>TOTAL</b>	_____

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Date

**College To Be Attended in 2015-2016**

Has the student submitted an application for federal financial aid for the 2015-2016 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 2015-2016 ACADEMIC YEAR**

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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>	_____

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Date