

SCHOLARSHIP APPLICATION 2014-2015 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 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 2014-2015 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 2013: \$ _____

Application ***Parents and the college financial aid officer must complete the required***
Deadline June 15, 2014 ***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: _____

2013 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 2013 tax return – summary page only)

2013 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 2014: \$ _____

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 2014-2015

2013 adjusted gross income of both parents: \$ _____
 (Use same figure as sent to IRS on your tax return and must attach a copy of your 2013 tax return – summary page only)

2013 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 2013-2014

Did the student submit an application for federal financial aid for the 2013-2014 academic year?

Yes ___ No ___ If yes, please give the Expected Family Contribution. (EFC) _____

FINANCIAL AID AND RESOURCES FOR THE 2013-2014 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 2014-2015

Has the student submitted an application for federal financial aid for the 2014-2015 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 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	_____
TOTAL	_____

Signature of Financial Aid Officer

Institution

Date