

JAMES M. HOFFMAN SCHOLARSHIP FUND
Wells Fargo Bank, National Association, Trustee
Scholarship Awards Facilitated by the Center for Scholarship Administration, Inc.
4320 Wade Hampton Boulevard, Suite G ♦ Taylors, SC 29687
Phone: (866) 608-0001 ♦ Fax: (864) 268-7160

TO: Calhoun County High School Guidance Counselors

FROM: Hanna Hamlin
Scholarship Director

DATE: December 2013

RE: James M. Hoffman Scholarship Fund


It is time to begin the process for students who wish to apply for a James M. Hoffman Scholarship for the 2014-2015 academic year.

Wells Fargo Bank, Trustee of the fund, has partnered with the Center for Scholarship Administration to handle the James M. Hoffman Scholarship Fund. We are pleased to be associated with Wells Fargo Bank in the administration of this scholarship program.

Enclosed you will find flyers for you to post where students congregate. Also, enclosed you will find applications for the 2014-2015 James M. Hoffman Scholarships. Students are instructed to contact the Guidance Department for applications. Please make additional copies, as needed. The deadline for applying is **FEBRUARY 1, 2014**. Students are instructed to complete the applications and submit them to the Guidance Department no later than **FEBRUARY 1, 2014**. Please mail all of the completed applications to the office listed on the top of this letter no later than FEBRUARY 8.

As in the past, scholarships will be awarded on the basis of financial need and scholastic ability.

Thank you for your help in promoting this program. Do not hesitate to contact me if you have any questions regarding this process.

Do you need  for **COLLEGE?**

Apply for a
JAMES M. HOFFMAN
Scholarship


Eligibility Requirements:

- Applicants must be high school seniors attending a high school located in Calhoun County, AL.
- Applicants must have a cumulative GPA of 2.0 on a 4.0 scale through the Fall 2013 semester.
- Applicants must be without financial means or other assistance to obtain college educations without undue hardships on themselves or their parents.

Scholarship Specifics:

- Recipients may attend any accredited public or private college, university, or technical college. The recipient's school of choice must be exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code. Funds will not be issued for this scholarship unless the school maintains that exemption.
- Scholarships are for one year only and must be used in the year they are awarded.

**Applications are available from the
Guidance Department**



DEADLINE:

APPLICATIONS MUST SUBMITTED TO THE GUIDANCE
DEPARTMENT NO LATER THAN FEBRUARY 1, 2014.

JAMES M. HOFFMAN SCHOLARSHIP FUND

SCHOLARSHIP APPLICATION

2014-2015

Note to Applicant: The Awards Advisory Committee will not consider this application unless all of the information and attachments called for below are included. There is additional information required to complete your application packet. It is your responsibility to request the additional materials required. You must submit your application along with the additional materials required to the Guidance Department at your high school no later than **FEBRUARY 1, 2014**.

You must meet **ALL** of the following Criteria to apply for a scholarship.

- Applicants must be high school seniors attending a high school located in Calhoun County, AL.
- Applicants must have a cumulative GPA of 2.0 on a 4.0 scale.
- Applicants must be without financial means or other assistance to obtain college educations without undue hardships on themselves or their parents.

Certain persons may not be eligible to apply for this scholarship. In order to avoid potential conflicts of interest (or the appearance thereof) and certain forms of self-dealing described in Section 4941 of the Internal Revenue Code, the following persons are generally ineligible to receive any scholarship offered by the James M. Hoffman Scholarship Fund:

- any "Interested Person" (which term includes, for the purposes of this document, any donor, trustee, selection committee member, advisory board member, and staff members of the Fund, and those otherwise deemed to be "disqualified persons" under the Internal Revenue Code);
- the spouses and ancestors of Interested Persons;
- the children, grandchildren, and great-grandchildren of Interested Persons;
- the spouse of any child, grandchild, or great-grandchild of an Interested Person;
- current employees of Wells Fargo and CSA and their spouses, ancestors, children, grandchildren, great-grandchildren and the spouses of such children, grandchildren and great-grandchildren.

Email Address: _____

Country of Citizenship: _____ (_____) _____
(Telephone Number)

(If you are not a Citizen of the US you must submit a copy of your Visa or Green Card)

1. Name: _____ Male Female
(Last) (First) (Middle)

2. Permanent Mailing Address: _____
(Street Address)

(City) (County) (State) (Zip Code)

3. Place of Birth: _____

4. During the academic year, I plan to live: _____ with parents _____ on campus _____ off campus

5. I will graduate from:

(Name of High School) (City/State) (Date of Graduation)

(_____) _____
(High School Telephone Number) (Guidance Counselor's Name)

6. College Preference (1st choice): _____ (Name of College) (City/State)

College Preference (2nd choice): _____ (Name of College) (City/State)

The institution must be an educational organization that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on. To the extent the institution is involved in the selection of the recipients (if at all), such involvement must comply with the Fund's policy of awarding scholarships on an objective and non-discriminatory basis as well as the Fund's Conflict of Interest Policy.

7. **Estimated Cost for 14-15 school year:**

Tuition: _____ **Room and Board:** _____ **Fees:** _____ **Books:** _____

Other: _____
(Please specify)

8. **College Major:** _____ **Minor:** _____ **Expected Date of College Graduation:** _____

9. **Academic awards and honors received:** _____

10. **Give a brief biographical sketch including school activities and other community activities from grade 9 to present:**

11. **List current and past employment:** Have you worked during the past two years during summer or Christmas vacations, on weekends, or after school hours? Yes ____ No ____ if yes, please complete the following information:

Type of Work	Dates	Amount Earned	Name and Address of Employer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. **Are you able to receive any financial assistance from members of your immediate family or from relatives?** Yes ____ No ____ If yes, please specify the amount and give conditions and terms.

13. **Have you applied, or do you intend to apply, for a Basic Educational Grant?** Yes ____ No ____

Have you applied for financial assistance from other sources, such as scholarship aid or loans for the current school year? Yes _____ No _____ If yes, please specify the amount and give conditions and terms.

14. Have you ever been expelled, suspended or severely disciplined while in high school? Yes _____ No _____
If yes, explain all details:

15. Have you ever been arrested or involved in any incident which would reflect unfavorably against your character or reputation? Yes _____ No _____ If yes, explain all details:

16. How many family members will be attending college, including yourself, beginning in the fall? _____

TERMS OF AGREEMENT FORM

You must read and sign this form and return it with your complete application packet.

I understand that certain persons **may not** be eligible to apply for this scholarship. In order to avoid potential conflicts of interest or the appearance thereof and in order to avoid certain forms of self-dealing described in Section 4941 of the Internal Revenue Code, the following persons shall not be eligible for or receive any scholarship offered by the James M. Hoffman Scholarship Fund.

- Any Co-Trustee or their spouse of the James M. Hoffman Scholarship Fund
- Any Awards Advisory Committee member or their spouse
- The children, grandchildren, and great-grandchildren of any Co-Trustee or Awards Advisory Committee member or the spouses of any of those listed

I acknowledge that I have read and agree to provide the additional materials required to complete my application.

I certify that the information contained in this application and all other materials submitted by me for consideration of this scholarship are to the best of my knowledge accurate and true. I also certify that the essay/biographical sketch is my own work.

I authorize my school to provide the Awards Advisory Committee with any and all requested information concerning my enrollment, grades, SAT/ACT scores or any combination of the above, and any other information deemed necessary by the Faculty Committee to enable them to make an informed decision regarding the selection of recipients.

I give Wells Fargo/CSA permission to list my name as a scholarship recipient on the Wells Fargo/CSA website if I am chosen as a recipient.

I understand that this is a competitive scholarship program. Scholarships shall be awarded on an objective and non-discriminatory basis, with neither race, creed, color, sex, age, religion, national origin nor disability being considered. Selections are based on information received from the application and the additional materials postmarked by the deadline. Decisions of the committee are final and justification for recipient selection(s) by the Awards Advisory Committee, CSA, Wells Fargo staff will not be disclosed under any circumstances.

I understand that if I do not submit all the required materials by the postmark deadline that I will not be considered for a scholarship.

I understand that in the event of serious malfeasance, breach of traditional conduct, failure to provide requested materials, or conduct involving moral turpitude, a scholarship may be terminated at any time within the discretion of the Awards Advisory Committee and concurrence of the donor, whose decisions shall be final and binding.

I have read the above terms and certify that I am eligible to apply for a scholarship and that I will abide by these terms.

Applicant's Signature

Print Name

____/____/____
Date

The following should accompany this application:

- Submit the signed **TERMS OF AGREEMENT**.
- Submit an **OFFICIAL TRANSCRIPT** with grades and cumulative posted through the latest fall semester. (It must be OFFICIAL)
- Submit **SAT/ACT SCORES**.
- You must submit an **ESSAY**. Write an Essay of not more than two pages why you desire to go to college, as well as your thoughts on the value of a college education.
- Submit a ***SIGNED*** copy of parents' **FEDERAL TAX FORM 1040** (pages one and two only) and **W-2 FORMS** for each parent (if applicable) for the *latest year* these forms were filed. In case of divorce parents, only the **custodial parent's** (and current spouse's if remarried) financial information will be required.

NOTE: Your application and accompanying materials must be submitted to your Guidance Department no later than FEBRUARY 1, 2014.

ALL QUESTIONS MUST BE DIRECTED TO:
JAMES M. HOFFMAN SCHOLARSHIP FUND
4320 WADE HAMPTON BOULEVARD, SUITE G
TAYLORS, SC 29687
PHONE: (866) 608-0001 ♦ FAX: (864) 268-7160