

# The Kit Faragher Memorial Scholarship Geauga Ohio Application for 2024-2025 School Year



The Kit Faragher Foundation, which awards scholarships annually, was created in 2003 to honor the memory of Kathleen “Kit” Faragher who lost her life in the tragic events of September 11, 2001. The original Kit Faragher Memorial Scholarship was established in 2002 by the Janus Foundation to honor the memory of Kit, their valued employee.

This year, one \$10,000 scholarship will be awarded to a graduating senior from a high school in Geauga County, Ohio. The Kit Faragher Foundation historically provided scholarships to Colorado high school students, but expanded in 2015 to support deserving students in the Geauga County community as Kit grew up and attended high school in Geauga County. Applicants must have earned a cumulative high school GPA of 2.5, be in strong need of financial assistance for college, university, or technical school, and capture Kit's essence by demonstrating a positive attitude, strong commitment, and a drive towards accomplishment. Scholarship money may be used for tuition, books, lab fees, or other costs directly related to the degree program. The \$10,000 scholarship will be paid directly to the school of the selected recipient at \$2,500 per semester for the first two years as long as the requirements are met.

## Scholarship Applicant Guidelines:

- Applicants must be graduating seniors from high schools in Geauga County, Ohio.
- Applicants must have a minimum cumulative high school GPA of 2.5.
- Applicants must demonstrate a strong need for financial assistance.
- Applicants should demonstrate a positive attitude, strong commitment, and a drive towards accomplishment.
- Applicants must submit completed application, official high school transcript, and a written essay, which captures their sense of personality and achievements, while describing their short and long-term goals.
- Applications, essays, and official high school transcripts must be received by Friday, April 19, 2024 at 5:00 pm. (Applicants postmarked by April 19, 2024 but not received until later will not be considered.)
- Hard copies must be mailed to the following address:  
The Kit Faragher Foundation  
15279 Dale Road  
Chagrin Falls, Ohio 44022
- Electronic copies: Application, essay and official high school transcript scanned into a single .pdf document must be emailed to kitfaragherfoundation@gmail.com. (Note: new email address).

## Scholarship Recipient Requirements:

In order to maintain the scholarship, the recipient must:

- Maintain full-time enrollment with a 2.5 GPA during the first two years of his/her educational program.
- Submit official transcript and personal written assessment of accomplishments to the Kit Faragher Foundation at the end of each semester/quarter for their first two years.
- Permit the Kit Faragher Foundation and its representatives to release, print or use their name, photo, educational and biographical information (excluding address and phone numbers) to the press, and in any printed or electronic Kit Faragher Foundation publications or materials.
- Permit the Kit Faragher Foundation and its representatives to access their college, university and/or technical school transcript and financial aid information for purposes of this scholarship.

Recipients may be allowed to delay the scholarship in matters of extreme hardship such as family emergencies and personal illness, subject to prior written request made to and approved by the Kit Faragher Foundation.

The selection process may include personal interviews and all applicants will be notified in writing (via US Mail or e-mail) by June 28, 2024.

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Late or incomplete applications cannot be considered; this includes applications postmarked by April 19, 2024 but not received until later.

## **SECTION I – Background Information**

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender identity (optional): Male Female Other

Current High School: \_\_\_\_\_

City & County: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

What is your cumulative high school GPA? \_\_\_\_\_

### **Include an official copy of your high school transcript with this application**

Are you an Ohio resident? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has at least one parent attended college? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **Ethnic Information**

This is optional information and is not required.

\_\_\_\_ African American    \_\_\_\_ Asian or Pacific Islander    \_\_\_\_ Hispanic    \_\_\_\_ White

\_\_\_\_ Other \_\_\_\_\_    \_\_\_\_ American Indian or Alaskan Native: Tribe \_\_\_\_\_

**SECTION II – Educational Plans/Financial Aid/Payment Information**

Information about of university, college or technical school you plan to attend:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Contact Person's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Title of Contact Person

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Phone Number (with area code)

What term do you plan to begin classes? Year \_\_\_\_\_ Fall or Spring \_\_\_\_\_

**Educational Costs Per Year:**

Tuition	\$ _____
Books	\$ _____
Room and Board	\$ _____
Fees (explain):	\$ _____
<u>Other (explain):</u>	<u>\$ _____</u>
<b>Total Estimated Costs</b>	<b>\$ _____</b>

Have you received official notification of acceptance? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your intended major at this school? \_\_\_\_\_

How long is the program of study? 1 year \_\_\_\_\_ 2 year \_\_\_\_\_ 3 year \_\_\_\_\_ 4+year \_\_\_\_\_

Where else have you applied? \_\_\_\_\_

**Financial Aid:**

If you have been accepted by a college or university, have you been notified that you will receive any financial aid from the institution which will be applied toward your college expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Source (Loans, work study, etc.)</b>	<b>Amount Per School Year</b>	<b>Duration-yrs</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Scholarships:**

If you have applied for other scholarships, please provide source, amount applied for, amount you'll receive (if any), and duration.

<b>Name of Scholarship</b>	<b>Amount</b>	<b>Confirmed or Pending</b>	<b>Duration-yrs</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Expected Contributions:**

Have you completed the FAFSA (Free Application for Federal Student Aid)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when did you complete it? Month/Year \_\_\_\_\_

If not, why not? \_\_\_\_\_

**What is your “Student Aid Index” (SAI) under FAFSA? \$ \_\_\_\_\_/year or semester (circle one). Exact SAI figure from FAFSA required.**

What are the Anticipated Contributions for your college/educational expenses?

Source (i.e., Parents, Self, Others)      Amount per School Year      Duration(yrs)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION III – Awards and Activities**

List any extracurricular activities, honors or awards. (If not applicable, mark with N/A)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION IV – Essay**

Submit an essay/biographical statement of 500-700 words with this application. The essay should capture a sense of the style of person you are, and also address your short and long term educational and personal goals. You may want to address the question, “Why are you a deserving candidate for this scholarship?” (Include your essay on additional paper with your full name printed at the top).

**SECTION V – Household Information (Persons living with Student)**

**Student’s Father, Stepfather, Co-parent, or Guardian** (Circle appropriate title):

Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Student's Mother, Stepmother, Co-parent, or Guardian** (Circle appropriate title):

Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

What is your parents' current marital status?

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**With whom is the student living? (Both parents, single parent, parent and step-parent, legal guardian, etc.) Indicate name and relationship to student.**

\_\_\_\_\_  
Number of family members currently living in your household: \_\_\_\_\_

List names, ages and relationships of brothers (B), sisters (S), step-brothers (SB), and step-sisters (SS) currently living with you in your home. If there is an adult child living at home but who works outside of the home, please put a "WO" by their name.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VI – Supplemental Information on Parent Outside Student's Household**

If your parents are divorced, separated or remarried, provide the following information:

Year of separation \_\_\_\_\_ and/or year of divorce \_\_\_\_\_

Information on parent/s who resides outside of student's immediate household:

Name: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Yearly Salary: \_\_\_\_\_

Is there an agreement/court order specifying a contribution for the student's education by either natural parent if divorced/separated? \_\_\_\_\_ From whom? \_\_\_\_\_  
In what amount per year? \_\_\_\_\_

Amount currently being received by custodial parent for weekly child support \$ \_\_\_\_\_

Are you eligible to receive Federal assistance under the Veteran's Administration? \_\_\_\_\_  
Disabled Veterans \_\_\_\_\_ Vocational Rehabilitation \_\_\_\_\_ Social Security \_\_\_\_\_

## **SECTION VII – Financial Information**

Students must demonstrate strong financial need. Income, assets and FAFSA score will all be considered.

Note – The Kit Faragher Foundation ensures the confidentiality of all scholarship information collected, used and maintained. The Kit Faragher Foundation and its Scholarship Selection Committees are the only persons with access to the financial information submitted.

**FOR PURPOSES OF CONFIDENTIALITY, SEPARATED OR DIVORCED PARENTS MAY SUBMIT INFORMATION ON SEPARATE FORMS.**

On whose tax return was the student claimed as an exemption in the last year taxes were filed? Joint\_\_\_\_\_ Father\_\_\_\_\_ Mother\_\_\_\_\_  
Legal Guardian\_\_\_\_\_ Student\_\_\_\_\_

### **Income, Earnings and Benefits**

The following information is to be filled out by the father, mother, student and/or legal guardian responsible for the financial needs of the student. Information should come from Internal Revenue Service Form 1040; line numbers are referenced for the 1040 return. If a 1040 form is not available or applicable, please state reason for omission, and answer questions as completely as possible.

	Custodial Parent (s)	Non-custodial Parent	Student
Name(s) _____ of Parent(s)/ Step-parent/ Guardian on Tax Return _____	_____	_____	_____
<b>INCOME:</b> Last year's annual total income \$ _____ (1040 line 9 (2023))	\$ _____	\$ _____	\$ _____
Adjusted Gross \$ _____ Income (1040 line 11 (2023))	\$ _____	\$ _____	\$ _____
<b>EXPENSES:</b> Itemized or standard deduction taken \$ _____ (1040 line 12 (2023))	\$ _____	\$ _____	\$ _____
U.S. Income Tax \$ _____ Paid (1040 line 24 (2023))	\$ _____	\$ _____	\$ _____

**ASSETS AND INDEBTEDNESS:**

	Custodial Parent(s)	Non-custodial Parent	Student
Name(s) of Parent(s) _____			
Step-parent, and/or Guardian Info _____			
Provided for:			

**ASSETS (Please indicate amount in present value):**

Bank accounts (Savings & checking) \$ _____	\$ _____	\$ _____	\$ _____
Home \$ _____ Year purchased _____	\$ _____	\$ _____	\$ _____
Real Estate (Business, farm, rental, investment) \$ _____	\$ _____	\$ _____	\$ _____
Farm equipment and machinery \$ _____	\$ _____	\$ _____	\$ _____
Investments (Stocks, bonds, etc.) \$ _____	\$ _____	\$ _____	\$ _____
Personal Property (Autos, boats, etc.) \$ _____	\$ _____	\$ _____	\$ _____
Trust funds & assets held for education \$ _____	\$ _____	\$ _____	\$ _____
<b>Total Assets:</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**INDEBTEDNESS (Please indicate amount currently owed):**

Home \$ _____	\$ _____	\$ _____
Real Estate (Business, farm, rental, investment) \$ _____	\$ _____	\$ _____
Farm equipment and machinery \$ _____	\$ _____	\$ _____
Personal Property (Autos, boats, etc.) \$ _____	\$ _____	\$ _____
<b>Total Indebtedness: \$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b><u>NET WORTH</u></b> \$ _____	\$ _____	\$ _____
<b>(Total Assets less Total Indebtedness)</b>		

Describe any unusual financial circumstances or need, which might have a bearing on this application: \_\_\_\_\_

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**SECTION VIII – Supplemental Personal/Financial Information for Student Applying**

What jobs have you held? Describe responsibilities, hours/week, dates of employment, and pay. \_\_\_\_\_

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Explain what expenses, personal or otherwise, you have assumed. \_\_\_\_\_

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What are your plans for this summer? \_\_\_\_\_

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Do you (applicant) have any dependents (Yes/No)? \_\_\_\_\_

If yes, list names and ages of dependents: \_\_\_\_\_

With whom are the dependents living? \_\_\_\_\_

Are you the direct beneficiary of any other income not described on this form such as an annuity, veteran's benefits, welfare or social security? \_\_\_\_\_

If yes, explain and state source(s), amount received from each, and how frequently you receive payment. \_\_\_\_\_

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**SECTION IX – Signatures, Affirmations, and Agreement:**

The above information is derived from my most recent income tax return and FAFSA application, and the figures presented are accurate to the best of my knowledge. I consent to the release of my financial information to the Kit Faragher Foundation and its Scholarship Selection Committees. **Signatures of student and parents or legal guardian are required for this application to be valid.**

\_\_\_\_\_  
\* Parent's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
\* Parent's Signature

\_\_\_\_\_  
\* Legal Guardian's Signature

I attest to the truth and accuracy of all information submitted in this application and in regards to this application. I consent to the release of this application, as well as, my transcripts to the Kit Faragher Foundation and to the Scholarship Selection Committees for the Kit Faragher Foundation.

If chosen as a recipient of this scholarship, I authorize the Kit Faragher Foundation and its representatives to release, print or use my name, photograph, educational and biographical information (excluding address and phone numbers) to the press and in any printed or electronic Kit Faragher Foundation publications and/or materials. Additionally, I give the Kit Faragher Foundation and its representatives permission to access my college, university and/or technical school transcript and financial aid information for the purposes of this scholarship.

I have read and agree to the scholarship qualifications and provisions as set forth in the Scholarship Applicant Guidelines and Scholarship Recipient Requirements on the application cover sheet.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*\* Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

\* Signature of parent/guardian is required to release financial information.  
\*\* Signature of parent/guardian is required if applicant is under the age of 18 years.