

**ALFRED H. ORTH SCHOLARSHIP APPLICATION FORM**  
**Request for Less Than \$500.00**

Name: \_\_\_\_\_ Last Four Digits of Social Security Number: \_\_\_\_\_  
           First            Middle            Last

Address: \_\_\_\_\_ Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
           Street or P.O. Box

\_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
           City                            State                            Zip

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced  
 Citizenship: \_\_\_\_\_ U. S. Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_ "F" or "J" Visa

Are you currently a resident of Hillcrest Washington Youth Home, Inc. in Evansville, Indiana? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not a current resident, have you previously been a resident of Hillcrest Washington Youth Home, Inc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you earn a High School diploma or High School Equivalency Certificate? \_\_\_\_\_ Diploma \_\_\_\_\_ Equivalency Certificate

Date (month/year) of High School graduation or Equivalency Certificate: \_\_\_\_\_ / \_\_\_\_\_

What school do you plan to attend? \_\_\_\_\_ N/A

Name of School: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Have you attended a college, training institution or university? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list schools attended and dates of attendance:

College/Training Institution	City	State	Dates of Attendance

What is the total dollar amount of financial aid you are seeking from the Alfred H. Orth Scholarship Fund? \$ \_\_\_\_\_

Itemize how the financial aid, if approved, would be expended:

Name of Payee	Description of Expenditure	Dollar Amount

**CERTIFICATION**

I certify that all information submitted as a part of and in support of this application is complete and correct. I agree to report any changes in this information to Old National Trust Company, One Main Street, P.O. Box 207, Evansville, IN 47702-0207 (the Trustee of the Alfred H. Orth Scholarship Fund).

I understand that anyone who knowingly makes a false statement or misrepresentation on this form or any form in support of this application shall be subject to cancellation of further financial aid and may be liable for repayment of financial aid already received. I further understand that I will be liable for repayment of any financial aid which is not used for the purposes indicated on this form.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

*Submit completed application to Hillcrest Washington Youth Home, ATTN: Executive Director, 2700 W Indiana Street, Evansville, IN 47712. The Executive Director of Hillcrest Washington Youth Home, Inc. will forward the completed application to the Trustee of the Scholarship Fund.*

**STATEMENT OF EXECUTIVE DIRECTOR OF HILLCREST WASHINGTON YOUTH HOME, INC.**

Have you verified that the applicant is a resident of Vanderburgh County?        Yes        No

Is the applicant currently a resident of Hillcrest Washington Youth Home, Inc.?        Yes        No

If yes, when was admission date?    \_\_\_\_\_

If the applicant had previously been a resident of Hillcrest Washington Youth Home, indicate the commencement and ending dates for all prior stays below.        N/A

Admission Date	Discharge Date

I certify that all information contained in this “Statement of Executive Director of Hillcrest Washington Youth Home, Inc.” is true, correct and complete to the best of my knowledge.

Signature of Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_