



2020 ELIZABETH YOX SCHOLARSHIP APPLICATION

The Elizabeth Yox Scholarship Fund has been established in honor of Betty Yox, retired office administrator for Dayton Right to Life. She unselfishly gave of her time and talent for over twenty years and saved many babies along the way. Each year, at least two \$2,000 scholarships are awarded to a young parent who resides in the Miami Valley area of Dayton, Ohio, who has experienced an untimely pregnancy, and has chosen life for their child. This scholarship money is paid directly to the college of the applicant's choice in two installments, which can be applied to tuition and/or books.

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

- A letter of acceptance from the college
- Two (2) reference letters from a sponsor (school counselor, teacher, or clergy member)
- Personal typed Essay (explained in rules below)

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Date: _____ E-mail address (required): _____

Name: _____ SSN: _____ - _____ - _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____

Additional Phone: _____ (name of person/relationship): _____

Birth date: _____ Current Age: _____ Marital Status: _____

Who resides in your home: (check all that apply) _____ Mother _____ Father _____ Siblings

_____ Husband _____ Baby's father _____ Boyfriend _____ Your child/children _____ Other

Church Affiliation (if any): _____

High School Attended: _____ Current Grade: _____

Current GPA: _____ (Please send in final report when available)

List colleges to which you have applied: _____

What do you plan to study?: _____

Career Objectives: _____

Standardized test scores, if taken: SAT: _____ ACT: _____

Have you completed the FAFSA: _____yes _____no

What is your EFC: \$ _____

What other scholarships or financial assistance do you expect to receive for college? (explain)

What are your monthly sources of income? (If you are a dependent, list your parent’s monthly sources of income) _____

ADC: \$ _____ SSI: \$ _____ Food Stamps: \$ _____

Do you work? If so, where: _____

Employment annual income (approximate) \$ _____

How many children do you have? _____ Child’s Name(s)&Age(s): _____

Who cares for them while you are in school or working? _____

Who will care for them when you are in college? _____

What is your vision or dream for your child/children?

Do you consider yourself pro-life or pro-choice? Why?

Applicant’s Signature _____ **Date** _____

Sponsor’s Signature _____ **Date** _____

ELIZABETH YOX SCHOLARSHIP RULES:

- 1) Incomplete applications will not be accepted (If an answer does not apply to you, please list n/a).
- 2) Complete and print all information on application in blue or black ink.
- 3) On a separate sheet of paper, write a **1 to 2-page typed essay** as to how you think you will benefit from a \$2,000 scholarship to further your post high school education. Please state in essay why your pregnancy was untimely. Please submit with your application.
- 4) Include an acceptance letter from the college you plan to attend. If you are already in college, send your current enrollment letter.
- 5) Have your sponsor (school counselor, teacher, social worker, clergy member) submit a letter of recommendation as to why he/she thinks you should receive a scholarship. You may submit a maximum of three letters of recommendation. Sponsor may not be a family member.
- 6) Applicant and sponsor must sign and date the application.
- 7) Application must be postmarked no later than **July 3, 2020. Mail or deliver to:**
Dayton Right to Life
Attn: Yox Committee
425 N Findlay Street
Dayton, OH 45404

You may be contacted for a personal interview by the selection committee, so please list a working phone number and/or e-mail address. Questions concerning this scholarship can be addressed to Margie Christie at 937-461-3625 or at mchristie@daytonlife.org. In addition, you may be asked to attend and/or speak at our annual fundraiser in the fall of 2020. Anticipated award date: July 2020.