

The Kit Faragher Memorial Scholarship Geauga Ohio Application for 2025-2026 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 \$12,000 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 \$12,000 scholarship will be paid directly to the school of the selected recipient at \$3,000 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 18, 2025 at 5:00 pm. (Applicants postmarked by April 18, 2025 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 27, 2025.

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Late or incomplete applications cannot be considered; this includes applications postmarked by April 18, 2025 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>
Total Estimated Costs	\$ _____

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 _____

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

Scholarships:

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

Name of Scholarship	Amount	Confirmed or Pending	Duration-yrs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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?

<u>Source (i.e., Parents, Self, Others)</u>	<u>Amount per School Year</u>	<u>Duration(yrs)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____			

INCOME:

Last year’s annual total income \$ _____ (1040 line 9 (2024))	\$ _____	\$ _____
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Adjusted Gross \$ _____ Income (1040 line 11 (2024))	\$ _____	\$ _____
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EXPENSES:

Itemized or standard deduction taken \$ _____ (1040 line 12 (2024))	\$ _____	\$ _____
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U.S. Income Tax \$ _____ Paid (1040 line 24 (2024))	\$ _____	\$ _____
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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 \$ _____	\$ _____	\$ _____	\$ _____
Total Assets:	\$ _____	\$ _____	\$ _____

INDEBTEDNESS (Please indicate amount currently owed):

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

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

SECTION VIII – Supplemental Personal/Financial Information for Student Applying

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

Explain what expenses, personal or otherwise, you have assumed. _____

What are your plans for this summer? _____

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. _____

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.