

**Mortimer C. and Elizabeth Ann Schaidt  
Scholastic Tuition Fund  
Application**

1. Applicant's Name: \_\_\_\_\_  
(Please Print)
2. Telephone: \_\_\_\_\_
3. Home Address: \_\_\_\_\_
4. College Address (if known): \_\_\_\_\_  
\_\_\_\_\_
5. Is the applicant a member of St. Paul's Lutheran Church, Cumberland MD?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
6. Is the applicant a student in, or a graduate of, an Allegany County school?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
7. Proposed Major Course of Study: \_\_\_\_\_
8. What degree is the applicant pursuing (graduate, bachelor, associate, technical/trade, etc.)? \_\_\_\_\_
9. When does the applicant expect to receive the degree? \_\_\_\_\_

***Please use the attached worksheet to answer the following questions. The worksheet must be submitted with the application.***

10. What is the total expected cost of attendance for the year? \_\_\_\_\_
11. Of this amount, how much is tuition for the year? \_\_\_\_\_
12. What is the difference between the total cost of attendance and the student's and family's contribution to educational expenses? \_\_\_\_\_
13. Is the application able to completely pay for tuition on his/her own?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No
14. Applicant's statement regarding financial need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Any general comments the applicant would like to make: \_\_\_\_\_

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***Deadline for application submission is June 14<sup>th</sup>. Applications received after this date will not be reviewed or considered eligible for the scholarship award.***

*Educational Costs Worksheet*

**Expected Educational Costs per year\***

Tuition: \_\_\_\_\_  
Room: \_\_\_\_\_  
Meals: \_\_\_\_\_  
Mandatory Fees: \_\_\_\_\_  
Textbooks: \_\_\_\_\_  
Misc (Travel expenses, computer, etc.): \_\_\_\_\_  
TOTAL cost of attendance: \_\_\_\_\_

**Your/Family contribution to educational expenses**

Student loan(s): \_\_\_\_\_  
Parent contribution: \_\_\_\_\_  
Other Scholarship(s): \_\_\_\_\_  
Grant(s): \_\_\_\_\_  
Contribution from student's wages: \_\_\_\_\_  
TOTAL contribution: \_\_\_\_\_

**Difference between Total  
Cost of Attendance and  
Total Contribution:**

\_\_\_\_\_

*\*Check with your college/university's Financial Aid office to find out the total educational expenses for the year.*

I certify that the information given is true and correct, to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Return this application and any additional documentation required to:

By Mail: Schaidt Scholarship Committee  
St. Paul's Lutheran Church  
15 N. Smallwood Street  
Cumberland MD 21502  
By Email: stpaulsscholarship2015@gmail.com