

Tuberculosis Association of Ohio County

SERVICE to the Wheeling Area since 1909

90-16th Street, Wheeling, West Virginia 26003

Phone: (304) 233-0640

Email tboc@comcast.net

Kim L. Moses, Executive Director

DR. WILLIAM J. STEGER SCHOLARSHIP/LOAN PROGRAM APPLICATION

PURPOSE

The Dr. William J. Steger Education Fund, administered by the Tuberculosis Association of Ohio County, was created in 1986 to ensure an adequate supply of respiratory therapists for residents for the local area. The fund is named in honor of Dr. William J. Steger who has long served the community and the Tuberculosis Association.

The fund provides interest-free loans up to \$1,000 per year for undergraduate study to qualifying students who are enrolled in the respiratory therapy programs at Wheeling Jesuit University or West Virginia Northern Community College. The loan program is also open to qualifying graduate students.

ELIGIBILITY

To be eligible for a loan, a student is nominated by the director of respiratory therapy at Wheeling Jesuit University or West Virginia Northern Community College based upon the student's academic standing and financial need. The recipient must be a resident of Ohio, Marshall, Wetzel, Tyler, Hancock or Brooke county in West Virginia or Belmont County in Ohio. Loans are available to both undergraduate and graduate students maintaining an acceptable grade point average. Applications of students entering the freshman year will be considered on an individual basis depending on their academic record, financial need and interest in respiratory care. Graduate students are not restricted to attending the two local colleges but may be evaluated more carefully as to need.

INTEREST-FREE LOANS

As an inducement for the recipients to stay in the area and practice their profession, the Steger Fund provides interest-free loans which will be progressively forgiven over a three-year period; one third yearly to those who verify respiratory care employment in West Virginia or within a 50-mile radius of Wheeling.

PAYMENT

Graduates finding employment outside the specified area will be required to repay the interest-free loans as stipulated by the Scholarship Committee of the Tuberculosis Association of Ohio County.

CONTACT

Students interested in applying for a scholarship should contact the director of the Respiratory Therapy program at Wheeling Jesuit University or West Virginia Northern Community College. Information may also be provided by the Tuberculosis Association of Ohio County.

Tuberculosis Association of Ohio County
DR. WILLIAM J. STEGER SCHOLARSHIP/LOAN PROGRAM
FINANCIAL AID INFORMATION FORM

The Tuberculosis Association of Ohio County will select students from the Respiratory Care Programs at area colleges who are eligible. Students will be selected from a list of candidates as determined by information provided on this application. In order for the applicant to be considered for the Steger Scholarship Program, this completed form, and any supplements, must be returned to the Executive Director c/o Tuberculosis Association of Ohio County, 90-16th Street, Wheeling, WV 26003, no later than

Fall - September 1

Spring - December 1

Summer - May 1

If you have questions, please call (304)233-0640.

To be completed by applicant:

NAME: _____ SS#: _____

ADDRESS: _____ COUNTY _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

APPLICATION FOR: FALL _____ SPRING _____ SUMMER _____ YEAR: _____

Overall GPA: _____ Major GPA: _____ Expected Dated of Graduation: _____

ACADEMIC INSTITUTION: _____

Your signature on this application authorizes your college to release financial information to the Dr. William J. Steger Scholarship Committee of the Tuberculosis Association of Ohio County.

Signature

Date

Tuberculosis Association of Ohio County
 DR. WILLIAM J. STEGER SCHOLARSHIP/LOAN PROGRAM

I hereby granted permission for the Financial Aid Office of the academic institution listed to provide the information requested on this form to the Tuberculosis Association of Ohio County.

Signature _____

Date _____

The following is to be completed by the Academic Institution Financial Aid Officer:

COST OF ATTENDANCE:				
Tuition/Fee				\$ _____
Room/Board				\$ _____
Books/Supplies				\$ _____
Personal Expenses				\$ _____
Transportation				\$ _____
Total Cost of Attendance				\$ _____
Minus Estimated Family Contribution from FAFSA				\$ _____
Cost of Attendance to be Funded by Financial Aid				\$ _____ (1)
FINANCIAL AID:		Check (x) if Estimate or Actual		
Grants:	WV Higher Education Grant			\$ _____
	Pell Grant (SAI _____)			\$ _____
	SEOG			\$ _____
	Institutional Grants (Specify in Detail on Reverse)			\$ _____
Scholarships:	Academic (Institutional)			\$ _____
	_____			\$ _____

Loan/Aid:	Perkins			\$ _____
	Direct			\$ _____
	Other loans (Specify with Detail on Reverse)			\$ _____
	Other Aid: (Specify with Detail on Reverse)			
Employment:	College Work Study			\$ _____
Tuition/Fee Waivers				\$ _____
Total Financial Aid (Line 2)				\$ _____ (2)
Net Amount Needed to Fully Fund Academic Year (Line 1 -Line 2)				\$ _____

NOTE: The Tuberculosis Association of Ohio County reserves the right to revise or cancel awards if the above figures are changed for any reason.

Print Name

Title of Person Completing This Form

Print Name

Title of Person Completing This Form

Name of Academic Institution

Phone Number

I certify that the information stated above is true and correct to the best of my knowledge.

Signature of Individual Completing this Form

Date

Institutional Grants (Details)

Other Loans (Details)

Other Aid (Details)

Revised: December 10, 2011