



2026 JAMES P. BUCHWALD ENGINEERING SCHOLARSHIP APPLICATION

www.ariel-foundation.org

Please follow all instructions carefully as you proceed through the application process. Applicants are strongly advised to complete on-screen and print the PDF Form version. Questions may be addressed to The Ariel Foundation at officemanager@ariel-foundation.org.

RETURN APPLICATION AND ATTACHMENTS BY MAY 1 TO:

Theresa Morris, Office Manager
The Ariel Foundation
121 East High Street • Mount Vernon, OH 43050
Phone: (740) 392-0364
email: officemanager@ariel-foundation.org

SCHOLARSHIP PROGRAM REQUIREMENTS

1. Applicant must be a Knox County, Ohio graduate or a resident of Knox County, Ohio at the time of high school graduation to be eligible for a scholarship.
2. **Any employee or immediate family member of an employee of Ariel Corporation or The Ariel Foundation is not eligible for this scholarship.** Applicant must include parent(s) place of employment under Section 8.
3. First year applicants must have achieved a GPA of 3.0 or better for one year at an accredited college or university prior to acceptance into an engineering college.
4. Applicant must be enrolled at any four-year accredited engineering college and maintain a GPA of 3.0 or better.
5. The attached application form must be completed in its entirety and returned to The Ariel Foundation by **May 1**.
6. The included “**Authorization and Release**” form must be signed by the applicant.
7. Include grade transcripts from all high schools (first time applicants only), and colleges attended (photocopies acceptable).
8. Obtain **two letters of recommendation**. You may either request recommendations be e-mailed to Theresa Morris at the e-mail above, or mailed directly to The Ariel Foundation by the deadline date. **One letter from the Dean and one from a faculty member of the engineering college on their letterhead is required.**
9. It is the responsibility of the applicant to secure all the required information and submit it to The Ariel Foundation by the deadline date.
10. Scholarship funds up to \$5,000 each may be used to cover the cost of student tuition, fees, books, and room and board expenses associated with completing an engineering degree as billed and managed through the Office of the Bursar of a qualifying institution.

SECTION 1 – PERSONAL INFORMATION

Name _____
Last First Middle

Home Address (Street/PO Box if Applicable) _____

City _____ State _____ Zip _____ County _____

Phone _____ Email _____

Date of Birth _____ Citizenship (If Other Than U.S.) _____

SECTION 2 – ACADEMIC INFORMATION

High School From Which You Graduated _____

Other High School(s) Attended (Dates) _____

Your Home School District if You Were Open Enrolled _____

Date You Graduated (or Earned G.E.D.) _____

College You Are Currently Attending _____

Accredited Engineering College You Seek to Attend/Are Attending _____

Degree or Certificate You Are Pursuing _____

College Grade Level at Start of New Academic Year:	2 nd Year Undergraduate/Sophomore	3 rd Year Undergraduate/Junior
	4 th Year Undergraduate/Senior	5 th Year Undergraduate/Senior

SECTION 3 – EXTRACURRICULAR/COMMUNITY INVOLVEMENT

Please summarize recent and present community involvement activities (at home and/or at college).

SECTION 4 –ACADEMIC OR EMPLOYMENT-RELATED HONORS AND RECOGNITION

Please describe any academic or employment-related honors and recognition you have received.

SECTION 5 – PERSONAL STATEMENT OF SCHOLARSHIP NEED

Applicant should use this space to discuss any (or all) of the following: academic or research interests, professional goals, relevant work experience, and any extraordinary circumstances that contribute to your need for financial aid.

SECTION 6 – EMPLOYMENT EXPERIENCE (LIST UP TO FOUR JOBS AT WHICH YOU HAVE WORKED)

Employer Name	Type of Work/ Dates of Employment	Supervisor Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 7 – POST– SECONDARY FINANCIAL INFORMATION

List any grants and/or loans you have already secured (include sources and dollar amounts)

_____	Year: _____	Amount: _____	Loan	Grant
_____	Year: _____	Amount: _____	Loan	Grant
_____	Year: _____	Amount: _____	Loan	Grant
_____	Year: _____	Amount: _____	Loan	Grant

SECTION 8 – FAMILY AND INCOME DATA FOR LAST YEAR

Name of Parent 1 (father/mother/stepparent) _____

Occupation and Employer _____

Name of Parent 2 (father/mother/stepparent) _____

Occupation and Employer _____

A. If You Are Claimed by Your Parents as A Dependent For Income Tax Purposes, State:

Parent 1 (father/mother/stepparent) Most Recent Adjusted Gross Income (**IRS Form 1040, Line 11**) \$ _____

Parent 2 (father/mother/stepparent) Most Recent Adjusted Gross Income (**IRS Form 1040, Line 11**) \$ _____

of Siblings _____ # At Home _____ # In College _____ # Living Independently _____

B. If You Claim Yourself for Income Tax Purposes, State:

Your Current Occupation and Employer _____

Your Most Recent Adjusted Gross Income (**IRS Form 1040, Line 11**) \$ _____

Spouse's Current Occupation and Employer _____

Spouse's Most Recent Adjusted Gross Income (**IRS Form 1040, Line 11**) \$ _____

of Family Members _____ # Living at Home _____ # In College Other Than Yourself _____

SECTION 9 – AUTHORIZATION AND RELEASE

I, _____, born on _____, _____, having filed an application for a scholarship with The Ariel Foundation, hereby authorize and consent to having an investigation made as to my qualification for scholarship funds from the Foundation. I authorize the Foundation, and any of its employees or agents to seek any information which it may deem relevant from any personal references, any scholastic institutions I have attended and any other person, firm, or institution which the Foundation may deem to have information relevant to obtaining information regarding my application for a scholarship. This authorization also permits any person, firm, company, or other institution contacted by the Foundation to release the necessary information and to provide copies of all documents, records, or other information requested by the Foundation.

I hereby release, discharge, and exonerate the Foundation, any of its members, and any person furnishing information requested regarding my scholarship application, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information of the investigation made by the Foundation.

SIGNED BY _____ DATE _____
Signature of Applicant

If parental financial data has been reported in this application, their signature is also required.

SIGNED BY _____ DATE _____
Signature of Parent

SIGNED BY _____ DATE _____
Signature of Parent

APPLICANT CERTIFICATION

I hereby verify all the information contained in this scholarship application, or attached hereto, is accurate.

SIGNED BY _____ DATE _____
Signature of Applicant