

Ohio PTA Memorial Scholarship Cover Sheet



Students Name _____

Phone Number _____

E-Mail Address _____

High School _____

PROVISION: I _____,

(Print name)

hereby pledge that the information contained within these materials are true and have been independently completed with minimal parental involvement. Failure to comply may result in disqualification and/or loss of scholarship.

Student Signature

Parent Signature

Ohio PTA Memorial Scholarship Program
Scholarship Application
Academic Bachelors Degree
2018

This entire application must be legibly printed or typed. The entire form must be completed.
Faxed applications will not be accepted. Please, one application per student.

Name of student _____
First Name Middle Initial Last Name

Home address of student _____

City/zip code/county _____

Home telephone number of student (_____) _____

Schools attended:

Elementary _____ City/State _____

Intermediate _____ City/State _____

Junior High/Middle _____ City/State _____

High School you are now attending _____ City _____

Date of graduation _____ GPA _____ Class rank out of class total _____

SAT _____ SAT w/writing _____ ACT _____ OGT Status _____

Academic/school information:

1. What is your anticipated major? _____

2. Where are you planning to attend college? _____

3. To what colleges have you been accepted? _____

4. What high school honors have you received? _____

5. Name five school activities and five community/volunteer service activities you have participated in during your high school career.

Activities in school

Community/Volunteer Service (be specific) with the # of Hours

6. List up to 5 leadership roles or accomplishments that were significant during your high school career.

7. What work experiences have you had? _____

8. What are your hobbies and areas of interest? _____

9. What goals do you have for the future and how does going to college affect your goals? _____

10. Briefly describe any family circumstance of which the scholarship selection committee should be made aware of.

11. Are you or your parent/guardian a PTA member? Yes No If yes, name of PTA _____

Be sure to complete and submit together all necessary materials:

- _____ Scholarship application
- _____ Letter of recommendation (coach, teacher, pastor, guidance counselor, etc.)
- _____ Official school transcript signed by school official
- _____ Ohio PTA Memorial Scholarship Cover Sheet

These items must be received by March 1, 2018.

Mail to: Ohio PTA – Scholarship Committee
40 Northwoods Blvd. Ste. A
Columbus, Ohio 43235