

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 _____ AIR _____

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