

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
Special Education Scholarship Application
(Must have a current IEP/504)
2018**

This entire application must be legibly printed or typed. The entire form must be completed.
No faxed applications will 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 _____

DATE OF LAST IEP/504 _____ **Class Rank** _____ **SAT/ACT score** _____ **OGT Status** _____

Explain your special need _____

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 are your past employment experiences? _____

5. Are you currently employed, where and what are your current responsibilities? _____

6. What are your future educational plans/employment goals?

7. What activities have you participated in during your high school career?

8. What high school honors, awards, special recognitions have you received or are likely to receive?

9. What activities, groups, organizations, and community service activities are you involved in out of school?

10. Why should you be considered for this scholarship?

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