

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

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

8. What work experiences have you had? _____

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

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

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

12. 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