

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, is true and has 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
Technical (2 or 3 year) Associate Degree
2019

This entire application must be legibly printed or typed. The entire form must be completed.
Faxed copies 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/technical school? _____

3. To what colleges/technical schools have you been accepted? _____

4. What course of study or activities did you pursue during high school to prepare you for your career? _____

5. What high school honors have you received? _____

6. 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

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, 2019.

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