O.S.S.O Scholarship Application

Type or print in Ink

Date of Application:				
Full Name:				
Date of Birth:				
Address:	City:	State:	Zip Code:	
Home Phone:	_Cell:	Email:		
High School last attended:				
Date Graduated:				
Number in Graduation Class				
High S	chool Students Only/	Dual Credit Stude	nt	
List College you wish to attend:	Proposed Major:			
C	ollege Students/Dual	Credit Student		
List College you currently attend:		Phone:		
College GPA:				
Last Semester's attempted and comp	leted credit hours and	l Major:		
	Family			
O.S.S.O Member's Name:				
O.S.S.O Member's Current Rank & As				
O.S.S.O Member's Years of Service: _				
Retired O.S.S.O Member's Name & Y	ears of Service:			
List Extra Curricular Activities/Athleti	cs/Honor Society: (A s	eparate sheet ma	/ be used.)	