

# 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  
Academic Bachelors Degree  
2019**

**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.

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7. What work experiences have you had? \_\_\_\_\_

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8. What are your hobbies and areas of interest? \_\_\_\_\_

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9. What goals do you have for the future and how does going to college affect your goals? \_\_\_\_\_

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

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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, 2019.**

Mail to: Ohio PTA – Scholarship Committee

40 Northwoods Blvd. Ste. A

Columbus, Ohio 43235