

Harold H. Brown Aviation Scholarship (Adults)

The Scholarship shall be subject to the following provisions and conditions:

1. The purpose of the fund is to provide educational scholarships for graduates of Ottawa County, Ohio high schools and/or adult residents of Ottawa County, Ohio.
2. It is the Donor's desire that the selection criteria utilized in selecting scholarship recipients include consideration of (but not limited to) the following:

Adults

- a) Ottawa County, Ohio residents pursuing education (degree or licensing and certification) in one or more of the fields of aviation or aerospace named above at an accredited four-year or two-year collegiate institution or technical school;
- b) High school diploma or GED, or demonstrated substantive work-based or volunteer experience in aviation;
- c) Need of financial assistance

Renewal Policy: This scholarship may be renewed for one additional year after the initial award, with the requirement that the student furnish evidence of good academic standing.

HOW TO APPLY:

1. Complete the scholarship application form.
2. Mail all application materials to: Dave Slosser, Scholarship Chairman, 4411 East Harbor's Edge Dr., Port Clinton, OH 43452. Do not bind or staple the application. Direct questions to Dave Slosser at (419) 271-2752 or sloss@cros.net.

Application

1. Name of Applicant _____
 (Last) (First) (MI)
2. Home Address (Street) _____

 (City) (State) (Zip)
3. E-mail _____ Phone _____
4. Date of Birth _____ Male _____ Female _____
5. Date of High School graduation or GED completion _____
6. Social Security Number _____

7. List any advanced schooling you have received:

8. Please explain the program you are interested in, why it interests you, and where you will attend school:

9. Explain why you deserve this scholarship:

I hereby certify that the information provided on this application is true and correct. I agree, if requested, to provide the Ottawa County Community Foundation with any additional information needed to determine my qualifications for this scholarship. If I become a scholarship recipient, and if requested by the Ottawa County Community Foundation, I agree to furnish reports which can be used to determine my academic progress and use of scholarship funds. Also, I give my permission to Ottawa County Community Foundation, Inc. to release any pertinent information for publicity purposes.

Applicant Signature _____ Date _____

Mr. Slosser will notify you of the decision after the scholarship committee has met.

Thanks for taking the time to complete this scholarship application. Good Luck.