



1st Time Application

PRINCE HALL SCHOLARSHIP FOUNDATION OHIO

SCHOLARSHIP AWARD APPLICATION

TO BE COMPLETED BY THE STUDENT
2025 ACADEMIC YEAR

Submission Deadline June 1, 2025

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

EMAIL: _____

TELEPHONE: _____ DATE OF BIRTH: _____

FATHER'S NAME: _____ OCCUPATION _____ SALARY _____

MOTHER'S NAME: _____ OCCUPATION _____ SALARY _____

GUARDIAN'S NAME: _____ OCCUPATION _____ SALARY _____

PARENT/GUARDIAN EMAIL: _____ PHONE: _____

YOU HAVE PERMISSION TO SPEAK
WITH AS A PERSONAL REFERENCE: _____

PHONE # _____

NUMBER OF SIBLINGS IN MY HOME _____ NUMBER IN COLLEGE _____

NAME OF HIGH SCHOOL I ATTEND _____

CUM. GPA _____ ACT COMP _____ CLASS RANK _____

COLLEGE OR TECHNICAL SCHOOL OF MY CHOICE & LOCATION _____

DEGREE MAJOR _____

I HAVE BEEN NOTIFIED OF ACCEPTANCE TO ABOVE COLLEGE: YES: _____ NO: _____

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE. WE
AUTHORIZE YOU TO SHARE THIS INFORMATION WITH YOUR ASSOCIATES.

PARENT/GUARDIAN SIGNATURE: _____

(This completed form must be word processed.)



2025 ACADEMIC YEAR

Current or Past member of Pythagorans or Girls Assembly (check box)	<input type="checkbox"/> yes	<input type="checkbox"/> no
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Please state your Major or Career Objective:

***PLEASE FORWARD THIS COMPLETED APPLICATION TO YOUR HIGH SCHOOL PRINCIPAL OR COUNSELOR WHO IN TURN WILL COMPLETE THE NECESSARY FORMS AND FORWARD THE ENTIRE APPLICATION TO: Mr. Chester C. Christie, 7970 Priestley Drive Reynoldsburg, Ohio 43068-9768 no later than June 1, 2025.**

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PRINCE HALL SCHOLARSHIP FOUNDATION OHIO
SCHOLARSHIP AWARD APPLICATION

ACADEMIC YEAR 2025
REQUEST FOR CONFIDENTIAL INFORMATION

TO: ADVISOR, COUNSELOR OR PRINCIPAL

FROM:

STUDENT NAME

STUDENT SIGNATURE

ADDRESS:

STREET

CITY

STATE ZIP CODE

I have applied to the Prince Hall Scholarship Foundation for financial assistance. The Foundation is a non-profit organization, registered in Ohio, which gives assistance to graduating students.

Please attach and send your evaluation of my academic talents, personal characteristics, group relationships, extracurricular activities and other pertinent information that you believe would be helpful to evaluate my application.

I also request that a copy of my high school transcript be attached.

Thank you for taking the time to complete and mail this information. My opportunity for receiving an award will be increased if this information and transcript are returned by June 1, 2025.

RETURN TO:

Mr. Chester C. Christie
7970 Priestley Drive
Reynoldsburg, Ohio 43068-9768

(This completed form must be word processed.)