

**OLENTANGY LOCAL SCHOOLS'
LOCAL SCHOLARSHIP PROGRAM
APPLICATION**

Directions: Student needs to complete and submit a separate application for each local scholarship for which you wish to compete. Please type or print. Check the criteria sheet for what is required to be eligible. Do not apply if you are not eligible. Some scholarships require additional information. Photocopies are acceptable.

NAME OF SCHOLARSHIP for which you are applying:

NAME: _____ HOME PHONE: _____

STREET ADDRESS _____

CITY, STATE, AND ZIP _____

PARENT/GUARDIAN'S NAME _____

HIGH SCHOOL YOU ATTEND _____

DO NOT FILL IN
G.P.A. _____
A.C.T. _____
S.A.T. _____

Attach in order, the following information to this application sheet and submit to **Student Services** by no later than _____.

1. **List of school activities you have participated in during the past four years of high school. Be sure to include the school year, and if applicable, an indication of the level of your involvement. Indicate any special awards and honors.**
2. **Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked per week.**
3. **List any academic honors and awards you have received during the past four years.**
4. **List all community activities in which you have participated during the past four years. Please indicate the number of hours and the school year(s) such activity occurred.**
5. **Essay: Attach a general statement describing your plans and goals as they relate to your educational and career objectives. In addition, how will this scholarship assist in furthering your goals?**
6. **Describe your plans for funding your college education. Will you rely on parent support, loans, scholarships, savings, work-study, etc?**
7. **Any additional information requested in the sponsor's description.**
8. **Official Transcript. (will be attached by Student Services Office)**

Complete and return the attached financial statement. ALL FORMS WILL BE KEPT CONFIDENTIAL.

**OLENTANGY LOCAL SCHOOLS SCHOLARSHIP PROGRAM
FINANCIAL NEED INFORMATION FORM**

STUDENT NAME: _____

- 1. Have you filed for financial aid by submitting:**
- a. Free Application for Federal Student Aid (FAFSA)? YES NO
- b. PROFILE? (Used by some private institutions) YES NO
- 2. As of this date have you been awarded any financial assistance?** YES NO
- a. If yes, please state the award and value (attach a copy of award letter(s)).
- b. Total Value \$ _____

- 3. What are your anticipated costs for your first year of college?**
- | | 1 st college
choice | 2 nd college
choice (if undecided) |
|------------------|-----------------------------------|--|
| * Tuition | \$ _____ | \$ _____ |
| * Room and Board | \$ _____ | \$ _____ |
| * Expenses | \$ _____ | \$ _____ |

- 4. List each child in your family and his or her age. Please circle the names of any sisters or brothers who will be in college next year.**

NAME	AGE	College Attending (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 5. How much money are you and your family able to contribute to your first year of college costs?** \$ _____
- 6. Please explain any special financial need circumstances that you would like the scholarship committee to consider. Use back of this sheet if necessary.**

Statement of Honor

By offering my signature to this application, I verify that the information on the application as well as any attached documents to be true.

Signature: _____ **Date:** _____
Parent/Guardian: _____