



**OHIO PHCC EDUCATIONAL  
FOUNDATION  
SCHOLARSHIP APPLICATION – 2020**

Name in Full \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Your phone number (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Parent or Guardian's Full Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_

**NAME AND ADDRESS OF HOMETOWN NEWSPAPER**

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

**NAME OF SPONSORING PHCC MEMBER (who is NOT a parent, guardian or spouse)**

Name \_\_\_\_\_

Company \_\_\_\_\_

Street address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE & MAIL NO LATER THAN AUGUST 15, 2020 TO**

OHIO PHCC EDUCATIONAL FOUNDATION  
8226 Stoney Brook Drive  
Chagrin Falls, OH 44023

Applicant name \_\_\_\_\_

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**CAREER PLANS**

What career path do you intend to follow? \_\_\_\_\_

What school do you plan to attend? \_\_\_\_\_

Address in full \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

**SCHOLASTIC DATA**

School currently attending \_\_\_\_\_

Year of graduation \_\_\_\_\_ Cum / GPA \_\_\_\_\_  High school  College

Name of  Principal /  Dean /  Counselor /  Advisor (check one)

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**INSTRUCTIONS FOR APPLYING FOR SCHOLARSHIP**

1. Read the scholarship rules
2. Fill out the application completely (Do not leave any lines blank)
3. Send three (3) copies of the following:
  - a. The scholarship application form
  - b. Your letter giving full details of your plans to further your education
  - c. A reference letter from the Principal or authorized member of high school or college staff including your transcript
  - d. Separate list of activities in which you participated in school and your community
4. One wallet size photo of yourself
5. If transcript is being sent directly from school, check here

**YOUR SIGNATURE**

I hereby certify that the information provided herein is true, accurate and complete.

\_\_\_\_\_ Date: \_\_\_\_\_

Parent, Guardian or Spouse signature \_\_\_\_\_

Total number of pages attached \_\_\_\_\_

Applicant name: \_\_\_\_\_

Activity Sheet

Please use the following guide to complete your application by including this information:

**SCHOOL** (high school, college, # years participated, honors received)

**COMMUNITY** (participation in church activities, volunteer support, fundraising efforts, educational contributions – i.e., getting information out about voting, etc.)

**AWARDS** (academic, sports, honors)

**WORK EXPERIENCE** (please identify job duties and length of employment, years employed – also include applicable volunteer support applicable to the career path you have chosen)