

Application for Violet Township Women's League Community Service Scholarship Award

Applicant's Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Birth Date: _____

Address (street, city & zip code): _____

Resident of: (Check all that apply) Pickerington Local School District _____ Violet Township _____

High School: Pickerington Central _____ Pickerington North _____ Other _____

(Unweighted) Grade Point Average: _____ (Copy of transcript through 12/2019 is required)

Parent/Guardian: _____

Preferred Institute of Higher Learning: _____

Address _____

Intended Major: _____

Interests and Extra Curricular Activities: (Attach a separate sheet, if necessary)

Community Service Experience: (Attach a separate sheet, if necessary, and include the average time spent per month on each activity listed)

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How did you learn about the VTWL Scholarship? _____

I agree that all submitted information is true and accurate.

Student Signature _____

Parent/Guardian Signature _____

Committee Checklist:

_____ Application _____ Essay _____ 2 Letters of Recommendation _____ Proof of Admission

_____ Transcript though 12/2019

Application Deadline Please submit your completed application and all supporting documents as soon as possible to: Violet Township Women's League, P.O. Box 384, Pickerington, OH 43147.

All applications and supporting documents must be postmarked no later than - March 13, 2020.