

**STUDENT APPLICATION**  
**VTWL COMMUNITY SERVICE**  
**SCHOLARSHIP**



Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Resident of (check all that apply):

Pickerington Local School District _____  Violet Township _____	High School:  Pickerington Central _____ Pickerington North _____ Other (name of school) _____
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Name of parent or guardian: \_\_\_\_\_

Preferred institute of higher learning: \_\_\_\_\_

Address of preferred institute: \_\_\_\_\_

Intended major: \_\_\_\_\_

How did you learn about the VTWL Community Service Scholarships?

\_\_\_\_\_

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I agree that all submitted information is true and accurate. **Required Signatures:**

Applicant \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

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*This application and supporting documents must be mailed to:*

The Violet Township Women's League  
P.O. Box 384  
Pickerington, Ohio 43147

All submissions MUST be postmarked no later than **Saturday, March 14, 2026**

Application check list: (see instruction page for each required submission)

_____ <b>Student application(signed)</b>  _____ <b>Typed</b> one page essay  _____ <b>Typed</b> list of community service experiences and hours	_____ <b>2 Typed</b> letters of recommendation  _____ <b>Proof</b> of admission to an institute of higher learning  _____ <b>Official</b> Transcript through December 2025
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