

Hamilton County Council of PTAs

STUDENT SCHOLARSHIP APPLICATION

The student scholarship is given to a student entering any accredited college including vocational, technical and junior colleges.

The applicant must be graduating from a high school whose PTA is a member in good standing of the Hamilton County Council of PTAs. The parent/guardian or student must be a member of that High School PTA. This is a PTA award, so your PTA involvement is a main consideration.

Applications must be received by the chairperson on or before March 6th, 2019. Selection is then made by the HCC scholarship committee.

The award is based on character, personality, scholastic record and financial need. The students selected will have maintained excellent grades and participated in school or community activities and exhibit financial need.

The amount of the award is **\$500.00** This amount could increase.

The award must be used within one year of issuance. In any case in which it is not used within a year, it reverts back to the HCC.

INSTRUCTIONS:

Each applicant should have detailed and explicit answers to all of the questions on student application form.

* **Please attach to this application:**

- 1) ***Typed or written statement by the student:*** in 150 words or less. Please explain what you hope to accomplish in your future or possibly times and events that you are most proud of in your life . Also please include any information which would indicate financial need, family or personal challenges.

- 2) ***One letter of recommendation:*** this can be from a counselor, teacher, or other school official who is familiar with your work. Please give the official ample time to complete this recommendation.

Additional attachments beyond that are not required . When completed, the application should be mailed or sent by email back to the HCC Scholarship Chairperson, Joan Friedhoff.

****Counselors will not be responsible for mailing or emailing completed applications.**

APPLICATIONS MUST BE RECEIVED BY MARCH 6th, 2019

**Send to: Joan Friedhoff
6030 Squirrelwood Ct.
Cincinnati., Ohio 45247**

jsfriedhoff@hotmail.com

Awards will be presented at the Hamilton County Council of PTAs Evening Dessert Meeting to be hosted by Southwest Local School District. In the Harrison High School Activity Center-Martin Marietta Performing Arts Center. 9845 West Rd. Harrison, Ohio 45030 on Wednesday April 24th, 2019 at 7:00 p.m. (Located across from High School)

STUDENT APPLICATION
HAMILTON COUNTY COUNCIL OF PTAS
STUDENT SCHOLARSHIP
PLEASE PRINT

Name _____
 LAST FIRST MIDDLE

Home Phone _____

Home Address _____
 CITY ZIP

Father's Name _____

Father's Occupation _____

Mother's Name _____

Mother's Occupation _____

With whom do you reside? _____

Do you have any siblings? _____

Please indicate their ages _____

Are any of your siblings currently attending college? _____

What high school do you attend? _____

What college, technical or junior college do you plan to attend? _____

What is your intended field of study? _____

List the top 10 school activities you have participated in: Please list positions and frequency/length of involvement

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

What high school honors have you received or expected to receive in the future? _____

List the top 10 community activities or volunteering you have participated in: Including frequency/length of involvement.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Applicant
Signature _____ **Date** _____

Parent/Guardian Signature _____

PTA Unit Membership _____

Applicant must submit the 3 page application directly to the HCC Scholarship Chair by March 6th 2019 by mail or sent via email to address below.

**Send to: Joan Friedhoff
6030 Squirrelwood Ct.
Cincinnati, Ohio 45247 jsfriedhoff@hotmail.com**

**COUNSELOR, TEACHER, OR SCHOOL OFFICIAL'S WRITTEN STATEMENT
HAMILTON COUNTY COUNCIL OF PTAS**

STUDENT SCHOLARSHIP

The HCC scholarship committee requests information concerning the following applicant:

(Name of Student Applicant)

This student ranks _____ of _____ students.

Will this student likely receive another scholarship? Yes ____ No ____

Approximate Amount \$ _____

Please have any school official which would include counselors, teachers etc. provide us with any information regarding this applicant, which might assist the committee in making its decision. Any information you give will be treated as confidential.

Please note: GRADE TRANSCRIPTS ARE NOT REQUIRED.

School
Official's Signature _____ Position _____

School _____

Date _____

****Applicant should submit the entire 3 page application form via mail or email. no later than
March 6th, 2019.**

Send to: **Joan Friedhoff
6030 Squirrelwood Ct.
Cincinnati, Ohio 45247** **jsfriedhoff@hotmail.com**