

**Application for the
Ohio District 5 Area Agency on Aging, Inc.
Scholarship**

Instructions: Application must be completed by the applicant. Please answer questions completely in ink or type. Failure to submit a complete application may prohibit you from consideration for the scholarship. Only applications received by mail or hand-delivered and date stamped by the Ohio District 5 Area Agency on Aging, Inc. by June 1st of the calendar year will be accepted.

Applicant Information

Name of Applicant: _____
(First Name) (Last Name)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ E-Mail _____

Academic Activities & Accomplishments

College/Technical School or Accredited University: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cumulative GPA: _____

School-Related Organizations, Clubs and Special Activities:

School-Related Honors, Recognition and Awards:

Community Activities, Volunteerism and Leadership Experience

Community Participation, Volunteerism, Work Experiences – List the various activities outside of school in which you have participated and leadership roles you have held.

Letter of Recommendation

In order for your application to be considered, one letter of recommendation must be included from: an adult leader, mentor and/or educator describing the applicant's academic, community service and/or leadership experiences. Letters may not be written by the applicant, anyone under 21 years of age, or anyone related to the applicant or serving as a legal guardian. Contact information (at least one phone number) should be included for the reference.

Essay

Also, In order for your application to be considered, an essay must accompany this application. Please describe how your academic, vocational and personal career goals contribute to the betterment of the aging population in your community and how the scholarship can assist you in this process. Please note: This should be limited to a full, one sided, single page essay printed on traditional 8 ½ x 11 paper, double spaced, and 12 point type.

Transcript

Please enclose the following required material & supplemental Information:

- Transcript: Copy of your most recent College/Technical School transcript.

The deadline for submitting applications for this program is June 1st. All applications must be received via U.S. Mail or hand-delivered and date-stamped internally by deadline.

Ohio District 5 Area Agency on Aging, Inc.
Attn: Scholarship Program
780 Park Avenue West
Mansfield, OH 44906

In the event I receive a scholarship, I authorize the Area Agency on Aging to utilize my name, photograph and information in articles or promotional materials regarding the Scholarship Program and I agree to use the funds in the manner in which they were applied. I also understand that I will be required to submit appropriate documentation to receive the scholarship.

Applicant Signature

Date

All scholarships will be awarded prior to June 30th of the calendar year.