



2017 OHIO LAWN CARE ASSOCIATION SCHOLARSHIP APPLICATION

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____ Birth Date _____

Home Address _____

Home City _____ Home State _____ Home Zip _____

Phone Number _____

Local Mailing Address _____

Local City _____ Local State _____ Local Zip _____

Local Phone Number _____

Email Address _____

University or College _____

Curricula/Area of Study: Agriculture Industry Science

Class (at beginning of current semester): Freshman Junior Sophomore Senior

Credit Hours Completed: _____

Academic Record (you must include a copy of an official transcript or most recent grade report):

Accumulative point-hour ratio: All Subjects: _____ Major: _____ All Subjects - Last Two Semesters: _____

ACTIVITIES

Membership and Committee Work in Student Organizations: _____

Offices Held: _____

Other Student Activities: _____

BIOGRAPHICAL SKETCH

Work Experience (list chronologically; attach separate sheet if necessary): _____

Personal and Educational Objectives for Your Future: _____

Other Assistance and/or Scholarships Received: _____

I PLEDGE THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Parent or Guardian

Signature of Candidate

PLEASE NOTE: RETURN APPLICATION WITH TRANSCRIPT/MOST RECENT GRADE REPORT ON OR BEFORE FRIDAY, NOVEMBER 17, 2017. ALL 2017 OLCA SCHOLARSHIP RECIPIENTS SHOULD PLAN TO ATTEND THE OLCA ANNUAL MEETING.

Return to: OLCA Scholarship Committee
1100 Brandywine Blvd Ste H
Zanesville OH 43701-7303
Fax: 740-452-2552
Phone: 800-510-5296