

# 2010 OHIO LAWN CARE ASSOCIATION SCHOLARSHIP APPLICATION



Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Local Mailing Address \_\_\_\_\_

Local Phone Number \_\_\_\_\_ E- mail address \_\_\_\_\_ @ \_\_\_\_\_

University or College \_\_\_\_\_

Curricula:  Science  Agriculture  Industry

Class (beginning of current quarter):  
 Freshman  Sophomore  
 Junior  Senior

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 for the last two quarters: \_\_\_\_\_

## ACTIVITIES

Membership and committee work in student organizations: \_\_\_\_\_

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Offices held: \_\_\_\_\_

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Other student activities: \_\_\_\_\_

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**BIOGRAPHICAL SKETCH**

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

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Please state personal and educational objectives for your future: \_\_\_\_\_

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Indicate other assistance and/or scholarships received: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Candidate

**PLEASE NOTE: RETURN APPLICATION ON OR BEFORE FRIDAY, OCTOBER 29, 2010. ALL 2010 OLCA SCHOLARSHIP RECIPIENTS SHOULD PLAN TO ATTEND THE OLCA ANNUAL MEETING AT THE GREATER COLUMBUS CONVENTION CENTER, DECEMBER 7, 11:30 AM – 1:00 PM.**

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