Guidance Deadline: 2/23/12

Ohio PTA Memorial Scholarship Program
Special Education Scholarship Application
(Must have a current IEP/504)
2012

This entire application must be legibly printed or typed. The entire form must be completed.
No faxed applications will be accepted. Please, one application per student.

Name of student _____
First Name Middle Initial Last Name

Home address of student _____

City/zip code/county _____

Home telephone number of student (_____) _____

Schools attended:

Elementary _____ City/State _____

Intermediate _____ City/State _____

Junior High/Middle _____ City/State _____

High School you are now attending _____ City _____

Date of graduation _____ GPA _____

DATE OF LAST IEP/504 _____ Class Rank _____ SAT/ACT score _____ OGT Status _____

Explain your special need _____

_____

Academic/school information:

1. What is your anticipated major? _____

2. Where are you planning to attend college? _____

3. To what colleges have you been accepted? _____

4. What are your past employment experiences? _____

_____

_____

5. Are you currently employed, where and what are your current responsibilities? _____

_____

_____

6. What are your future educational plans/employment goals?

_____

_____