

**AUGLAI ZE TOWNSHIP
HISTORICAL SOCIETY
LUCY
(WINEGARDNER)
LOVETT
SCHOLARSHIP**

MUST BE RETURNED TO:

**AUGLAIZE TOWNSHIP HISTORICAL SOCIETY
P.O. BOX 3
HARROD, OHIO 45850-0003**

**NO LATER THAN
MAY 1ST**

AUGLAIZE TOWNSHIP HISTORICAL SOCIETY LUCY (WINEGARDNER) LOVETT SCHOLARSHIP

DEADLINE:

APPLICATIONS WILL NOT BE CONSIDERED IF POST MARKED AFTER
MAY 1ST. IT IS THE RESPONSIBILITY OF THE APPLICANT TO INSURE THE
AUGLAIZE TOWNSHIP HISTORICAL SOCIETY RECEIVES THE
SCHOLARSHIP APPLICATION BY THE DUE DATE.

THE SCHOLARSHIP:

THE AMOUNT OF THE SCHOLARSHIP IS \$500.00.

SCHOLARSHIP CRITERIA:

THE INDIVIDUAL RECEIVING THE SCHOLARSHIP MAY ATTEND ANY SCHOOL TO INCLUDE HOME SCHOOL. HE OR SHE MUST RESIDE IN THE ALLEN EAST SCHOOL DISTRICT AND GRADUATE IN THE AWARD YEAR.

NO MINIMUM GPA WILL BE REQUIRED TO BE ELIGIBLE FOR THE AWARD.

PROCESS:

A CERTIFICATE WILL BE PRESENTED TO THE RECIPIENT AT HIS OR HER GRADUATION EXERCISES. THE FUNDS WILL BE ISSUED DIRECTLY TO THE RECIPIENT UPON PROOF OF ENROLLMENT IN ANY POSTGRADUATE INSTITUTION.

PLEASE TYPE OR LEGIBLY PRINT

APPLICANT _____

ADDRESS _____

NAME OF PARENT OR GUARDIAN:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

PRIMARY PHONE NUMBER _____

PRESENTLY ATTENDING (SCHOOL) _____

ADDRESS _____

PHONE NUMBER _____

ACCEPTED AT OR PLAN TO ATTEND _____

PLEASE ATTACH AN ESSAY DESCRIBING YOUR INVOLVEMENT IN SCHOOL AND COMMUNITY ACTIVITIES AND DESCRIBE THE IMPACT THAT YOU BELIEVE THEY HAVE HAD ON YOU.

WHY DO YOU BELIEVE YOU SHOULD BE AWARDED THIS SCHOLARSHIP?

I HEREBY DECLARE THAT ALL INFORMATION PROVIDED IS ACCURATE.

DATE _____

APPLICANTS
SIGNATURE _____