



OHRC Interact Scholarship Application

(Print or write clearly. Use the blank last page for more information if necessary.)

APPLICANT INFORMATION permanent email: _____

Name: _____ **SSN:** ____ - ____ - ____

Date of Birth: ____ / ____ / ____ **Gender:** male ____ female ____

Address: _____

_____ **Tel. No.** ____ - ____ - ____

High School: _____ **Graduation Date (month/year):** ____ / ____

School and Community Activities:

1. Describe the ways in which you have participated in Interact and the significance of that experience for you.

2. What other school or community activities have been important to you? Why?

3. What honors and awards have you received in school or elsewhere? Please explain what, when, and why.

FAMILY INFORMATION: legal parent(s) or guardian(s)

Parents' Marital Status: married ___ divorced ___ single ___ remarried ___

Father's Name: _____ **Address:** _____

Employer: _____ **Position:** _____

Mother's Name: _____ **Address:** _____

Employer: _____ **Position:** _____

4. How many dependent siblings live at your address? _____ List ages _____

5. Do other dependents of your parents live at your address, or elsewhere?

Who? _____

EDUCATION GOALS

6. List all accredited colleges and universities to which you have been accepted for next academic year:

7. Which of the above do you expect to attend?

8. What is your proposed major and/or career goal? (It is quite acceptable to say “undeclared” or “undecided” if you have not yet made those decisions. Many students are wise to wait until well into their college years before deciding.)

LIFE GOALS

9. What are your life goals and aspirations apart from education and career? (In other words, what kind of adult do you want to become, and what are some of the activities, experiences, and accomplishments in your personal plan to enable you to make them reality?)

You may use the space available on the next page as necessary to complete the preceding questions. Please begin any additions by indicating the number of the item in the application to which you are adding. Thank you for the care exercised in preparing this application.

“The signatures below promise accuracy and truthfulness of all information provided in this application. We understand that information contained herein may be confirmed by the other required documents.

date

student signature

parent signature

(Use this space for additional comments and detail.)