**SCHOLARSHIP INFORMATION**

- Renewal applications are accepted between January 13, 2020 and March 31, 2020
- Scholarship renewals will be announced in April 2020
- $1,000 annual scholarship may be renewed up to three additional years.
- If qualified, renewal application must be completed annually during application period.
- Scholarships are limited to undergraduate college studies, technical or trade school programs.

**MINIMUM APPLICANT CRITERIA**

- Must be a U.S. citizen or legal resident.
- **Must have a career goal in the public utility and natural gas industry, or related energy field.**
- Must be an OHIO resident attending, or planning to attend an accredited OHIO college, university, technical, or trade school.
- Must have and maintain a grade point average (G.P.A.) of 3.0 or higher.

**SUBMISSION REQUIREMENTS**

- Completion of three-page application, signed and dated.
- An essay consisting of no less than 250 words, and no more than 500 words, describing personal and career goals, academic achievements, extracurricular activities, awards/recognitions, community service, work history, financial needs, and personal or family influences.
- College, Trade School or Technical School Transcript for highest level of education received
2020 SCHOLARSHIP RENEWAL APPLICATION
PLEASE NEATLY PRINT OR TYPE INFORMATION – IF ADDITIONAL SPACE IS NEEDED, ATTACH SUPPLEMENTAL PAGES

RETURN COMPLETED THREE-PAGE APPLICATION WITH ATTACHMENTS NO LATER THAN MARCH 31, 2020.

Information received after this date will render the application incomplete and it will not be processed. This includes applications postmarked on deadline and received after.

RETURN APPLICATION TO:
Ohio Gas Association Scholarship Foundation
Attn: Scholarship Awards
137 E. State Street
Columbus, OH 43215
Phone: (614) 545-6307
www.ohiogasassoc.org
FULL NAME: ____________________________________________________________

DATE OF BIRTH (MM/DD/YY): ____________________________ Male ☐ Female ☐

ARE YOU A U.S. CITIZEN OR LEGAL RESIDENT LIVING IN OHIO? Yes ☐

PRIMARY MAILING ADDRESS: Home ☐ School ☐ Parent/Guardian’s House ☐

Street Address: ___________________________________________ Apt #: ______

City: ___________________________ State: ___________ Zip Code: ______

SECONDARY MAILING ADDRESS (IF NEEDED): Home ☐ School ☐ Parent/Guardian’s Home ☐

Street Address: ___________________________________________ Apt #: ______

City: ___________________________ State: ___________ Zip Code: ______

PRIMARY PHONE: ___________________________ SECONDARY PHONE: ___________________________

EMAIL: _____________________________________________________________

ARE YOU CURRENTLY A STUDENT? Full-time ☐ Part-time ☐ No ☐

ARE YOU CURRENTLY WORKING? Full-time ☐ Part-time ☐ No ☐

ARE YOU CURRENTLY ENLISTED IN THE MILITARY OR A VETERAN? Yes ☐ No ☐
2020 SCHOLARSHIP RENEWAL APPLICATION
PLEASE NEATLY PRINT OR TYPE INFORMATION – IF ADDITIONAL SPACE IS NEEDED, ATTACH SUPPLEMENTAL PAGES

PAGE 2

What year(s) did you receive an OGA scholarship? _________________________________

How are you funding your education? (Check all that apply):

☐ Personal Income
☐ Scholarships
☐ Financial Aid / Grants
☐ Student Loans
☐ Parent/Guardian Income
☐ Other (Please Specify)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

FAMILY INFORMATION

Father’s Employment/Occupation:________________________________ ____________________ Deceased ☐

Mother’s Employment/Occupation:________________________________ ____________________ Deceased ☐

Do you have any other siblings currently attending college? Yes ☐ No ☐
EDUCATIONAL INFORMATION FOR COLLEGE/TECHNICAL OR TRADE SCHOOL STUDENTS

Career Goal:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

College, University, Technical or Trade School Attending:___________________________________

City:_______________________________________________  State:______________________

Major or Field of Study:_____________________________________________________________

GPA:___________________ Anticipated Date of Graduation (MM/YY):_______________________

ACT Test Score (if applicable):_________________  SAT Test Score (if applicable:____________

Transcript and Essay Attached?  Yes □  No □  If No, Explain Reason:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

SIGNATURE OF APPLICANT

I certify that all information is true and accurate. I authorize independent verification. I understand that if I am awarded an OGA Scholarship, information contained in this application may be released to the media.

Signature of Applicant:________________________________________  Date:_________________