Ohio Gas Association Scholarship Foundation 2021 Scholarship Application Guidelines

SCHOLARSHIP INFORMATION

- Scholarships are limited to undergraduate college studies, technical or trade school programs
- Applications are accepted between January 11, 2021 and March 31, 2021
- Scholarship winners will be announced in April 2021
- \$1,000 annual scholarship may be renewed up to three additional years
- If qualified, renewal applications must be completed annually during the application period

MINIMUM APPLICANT CRITERIA

- Must have a career goal in the natural gas or related energy field
- Must be a U.S. citizen or legal resident
- 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
- Two letters of recommendation from a teacher, employer or other mentor figure

Note: Recommendations from family members are not acceptable

PLEASE NEATLY PRINT OR TYPE INFORMATION – IF ADDITIONAL SPACE IS NEEDED, ATTACH SUPPLEMENTAL PAGES

- 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.
- A resume listing your academic achievements, extracurricular activities, awards/recognitions, community service, work history, etc.
- High school or college, trade school or technical school transcript for highest level of education received
- ACT and/or SAT test scores, if applicable

RETURN COMPLETED APPLICATION WITH ATTACHMENTS NO LATER

THAN MARCH 31, 2021.

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



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PERSONAL INFORMATION			
Full Name:			
Date of Birth (MM/DD/YY): Male Female			
Are you a U.S. Citizen or legal resident living in Ohio?			
Primary Mailing Address: Home School Parent/Guardians House			
Street Address: Apt #:			
City: Zip Code:			
Secondary Mailing Address (if needed): Home School Parent/Guardian's Home			
Street Address: Apt #:			
City: 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			



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Have you previously applied for an OGA scholarship?	No 🗀	If Yes, what year(s)?
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?	No	



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EDUCATIONAL INFORMATION FOR <u>HIGH SCHOOL STUDENTS ONLY</u>		
Career Goal:		
High School Name:		
City: State:		
GPA: Anticipated Date of High School Graduation (MM/YY):		
ACT Test Score (if applicable): SAT Test Score (if applicable:		
Transcript and Essay Attached? Yes No If No, explain reason:		
College, University, Technical or Trade School Enrolled:		
City: State:		
Major or Field of Study:		
If Not Enrolled, Explain Status of Admission and Reason:		
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EDUCATIONAL INFORMATION FOR <u>College/Technical or Trade School STUDENTS ONLY</u>		
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:		



