



## **OHRC Interact Scholarship Application**

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

### **APPLICANT INFORMATION**

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.**

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

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

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**FAMILY INFORMATION**

**Parents' Marital Status:** married \_\_ divorced \_\_ separated \_\_ single \_\_ widowed \_\_

**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? Who?**

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**EDUCATION GOALS**

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

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**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.)**

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**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?)**

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**You may use the reverse side of this page to add to, or complete, any of 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 attest to the accuracy and truthfulness of all information provided in this application. Some of the information contained herein will be confirmed by the other required supporting documents.**

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**date                      student signature                      parent signature**

**Use the remainder of this page to add to, or complete, any of the preceding questions. Be sure to reference each addition with the number of the item from the application form to which it refers.**