

GLSSA College Scholarship Program Scholarship Application

Application due by October 1, 2023.

<u>Email Application to:</u> Dan Murnen at <u>dan.murnen@avisionteam.com</u>. For questions or more information please email Dan or call him at 419.466.7461.

Section 1

Name		First		SS#	#	
					Zip	
Home Phone			Birth	Date		
Parental / Gu	ardian Info	rmation:				
Name						
Employer						
Section 2						
High School						
Graduation D	ate		Class	Rank		
Cumulative G	Grade Point	(For grades 10	– 12)			
SAT Scores	Verbal ₋		Math	Tota	al	
ACT Compos	site Score					
List all Honor	s, Awards,	Extra-curricular	Activities, Club/	Organization	n Memberships, et	c.



GLSSA College Scholarship Program Scholarship Application

Section 3

List the college or university to which you have been accepted or those who have accepted your						
application:						
State the Course of study you intend to pursue and academic goals you wish to achieve:						
State any identifiable career / emplemaintenance industry.	oyment goals, especially as th	ey might apply to the sanitary				
On a separate sheet, please preparate candidate for this scholarship. At						
Section 4						
Give the names of two people recorapplication. Please note that one reschool administrator.						
Print Name	Home Phone	Work Phone				
Print Name	Home Phone	Work Phone				
By signing below, I do hereby agree I have in no way attempted to falsify	y any information.					
Signature		Date				
Please Note: For this application t GPA, the letters of recommendation						