

GLSSA College Scholarship Program Scholarship Application

Application due by October 1, 2024.

<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 / Guar	dian Information	:				
Name						
Employer						
Section 2						
High School _						
Graduation Dat	e		_ Class Rank			
Cumulative Grade Point (For grades 10 – 12)						
SAT Scores	Verbal	Math _		Total		
ACT Composite	e Score					
List all Honors, Awards, Extra-curricular Activities, Club/ Organization Memberships, etc.						



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Section 3

List the college or university to which	ch you have been accepted or	those who have accepted your
application:		
State the Course of study you inten	d to pursue and academic goa	als 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		