



# GLSSA College Scholarship Program

## *Scholarship Application*

**Application due by September 15, 2025.**

**Email Application to:** Dan Murnen at [dan.murnen@avisionteam.com](mailto:dan.murnen@avisionteam.com). For questions or more information please email Dan or call him at 419.466.7461.

### **Section 1**

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Parental / Guardian Information:

Name \_\_\_\_\_

Employer \_\_\_\_\_

### **Section 2**

High School \_\_\_\_\_

Graduation Date \_\_\_\_\_ Class Rank \_\_\_\_\_

Cumulative Grade Point (For grades 10 – 12) \_\_\_\_\_

SAT Scores Verbal \_\_\_\_\_ Math \_\_\_\_\_ Total \_\_\_\_\_

ACT Composite 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 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:

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State any identifiable career / employment goals, especially as they might apply to the sanitary maintenance industry.

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On a separate sheet, please prepare a brief essay as to why you would be the best candidate for this scholarship. Attach this essay to your application.

### Section 4

Give the names of two people recommending you and attach their recommendations to this application. Please note that one recommendation must be from a teacher, counselor or high school administrator.

Print Name	Home Phone	Work Phone
Print Name	Home Phone	Work Phone

By signing below, I do hereby agree that all of the above information is true and accurate and that I have in no way attempted to falsify any information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** For this application to be complete, you must include verification of your current GPA, the letters of recommendation and transcripts for grades 10, 11 and 12.