OHIO GAS ASSOCIATION SCHOLARSHIP FOUNDATION 2024 SCHOLARSHIP APPLICATION GUIDELINES

SCHOLARSHIPINFORMATION

- Scholarships are limited to undergraduate college studies, technical or trade school programs
- Applications are accepted between January 1, 2024 and March 29, 2024
- Scholarship winners will be announced in May 2024
- \$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 CRITBRIA

- 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



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

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

- 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 29, 2024.

Information received after this date will render the application incomplete and it will not be processed. This includes applications postmarked on the deadline and received after.

RETURN APPLICATION TO:

Ohio Gas Association Scholarship Foundation Attn: Scholarship Awards

> 850 Twin Rivers Drive P.O. Box 16958 Columbus, Ohio 43216

www.ohiogasassoc.org



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PAGE 1 PERSONAL INFORMATION

ITPINOXVINATE	AINPONNEATION
Full Name:	
Date of Birth (MM/DD/YY):	Male Female
Are you a U.S. Citizen or legal resident living in Ohio?	Yes
Primary Mailing Address: Home School	Parent/Guardians House
Street Address:	Apt #:
City: State: _	Zip Code:
Secondary Mailing Address (if needed): Home	School Parent/Guardian's Home
Street Address:	Apt #:
City: State:	Zip Code:
Primary Phone: Secon	dary Phone:
Email:	
Are you currently a student? Full-time Pa	art-time No D
Are you currently working? Full-time Pa	art-time No
Are you currently enlisted in the military or a veteran?	Yes No No

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PA	GE 2			
Have you previously applied for an OGA scholarship?	Yes	No 🔲	If Yes, what year(s)?	
How are you funding your education? (Check all that app	ly):			
Personal Income				:
Scholarships				:
Financial Aid / Grants				
Student Loans				
Parent/Guardian Income				
Other (Please Specify)				:
*				

FAMILY IN	FORMATION			
Father's Employment/Occupation:			Deceased	:
Mother's Employment/Occupation:			Deceased	
Do you have any other siblings currently attending college	? Yes [□ No □		



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PAGE 3

EDUCATION A	AL INFORMATION FOR <u>HIGH SCHOOL STUDENTS ONLY</u>	
Career Goal:		
High School Name:		
City:	State:	_
GPA: Anticipate	ed 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 T	rade School Enrolled:	
City:	State:	
Major or Field of Study:		
If Not Enrolled, Explain Status of A	Admission and Reason:	



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EDUCATIONAL INFORMATION FOR <u>COLLEGE/TECHNICAL TRADE SCHOOL STUDENTS ONLY</u>		
Career Goal:		
College, University, Technical or Trade School Attending:		
City:		
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		
SIGNALUNE OF AFFLICANI		
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.		
approacion may be released to the media.		
Signature of Applicant:		
Signature of Applicant: Date:		

