Women’s Auxiliary of Mantua Council #3766 Scholarship Program

Eligibility:

1. The Women’s Auxiliary of Mantua Council #3766 Scholarship is open to all female, Catholic students from the Crestwood, Garrettsville, Streetsboro, Aurora and Ravenna School Districts.
2. Applicants must be high school seniors graduating in 2016.
3. The student selected must have a minimum GPA of at least 3.0 at the time of application.
4. The student must have a recommendation from a teacher/counselor at their school.
5. The student selected must follow a full-time college course of study or major in a four-year college or university, a two year junior or community college or a vocational-technical school.
6. Recipient will be awarded a one-time, non-renewable scholarship in the amount of $500.00.
7. The student must submit the application, the recommendation, the essay of 500 words or less and be able to attend the Founder’s Day dinner at the Knights of Columbus Hall in March of 2016.
8. Decisions by the Scholarship Committee of the Women’s Auxiliary of Mantua #3766 are final. The winner and their school will be notified in late February.

Essay Question:

To assist the scholarship committee in knowing you better, please attach a typed essay (maximum 500 words) listing the major community/service activities you have taken part in the last three years and your role in these activities. Select one of them and discuss why you became involved, how your community benefited and what you gained from the experience.

Please submit your application to Annette Carlisle, 7258 State Route 82, Garrettsville, Ohio 44231 by application deadline date of January 30, 2016.
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Application Form

(Please type or print)

______________________________________________________________________________

Last name                                    First name

______________________________________________________________________________

Street address                                                City                                          State                 Zip

______________________________________________________________________________

Date of Birth                                                         e-mail address

______________________________________________________________________________

Home phone                                                         cell phone

Education History

High School__________________________________ Graduation date_________________

GPA________________________________________

I certify that all statements and information contained in this application are true and correct, that I have read the eligibility requirements and that I believe I am eligible to compete for this scholarship.

______________________________________________________________________________

Signature of Applicant                                                                                                Date