

# **THE LARRY A. HART MEMORIAL SCHOLARSHIP**

## ***INFORMATION TO APPLICANT*** (Revised 11/23))

To honor the memory of Wildlife Officer/Field Supervisor Larry A. Hart, the Ohio Wildlife Officers' Fraternal Order of Police, Lodge #143, and the Twin Valley Rod & Gun Club have established the Larry A. Hart Memorial Scholarship. Officer Hart's thirty-year legacy of integrity and commitment to the professions of Wildlife Management and Law Enforcement set a timeless standard for all future officers. Additional information is as follows:

1. **TYPE OF SCHOLARSHIP:** This is a one-year scholarship in the amount of one thousand dollars. Payment of the scholarship will be made directly to the Bursar of the college where the recipient is or will be attending.
2. **WHO MAY APPLY?**
  - A. Any person who is an Ohio resident;
  - B. Any person who has or will be graduated from an accredited high school;
  - C. Any person who is or will be enrolled in an accredited college and will be pursuing a career in the field of law enforcement, or natural resources.
3. **WHAT ARE THE REQUIREMENTS?**
  - A. **GOAL** - The applicant shall have a desire to pursue a career in the field(s) of law enforcement and/or protection or management of natural resources.
  - B. **INTEREST** - The applicant must have a serious interest in advancing his or her education in natural resources and/or law enforcement studies.
  - C. **SELECTION OF INSTITUTION** - The recipient of this scholarship must choose to attend an accredited institution, be it college, university, or technical college.
  - D. **ATTITUDES AND ACTIVITIES** - The applicant shall demonstrate the upstanding character and positive personal attributes necessary for becoming a successful public servant through his or her participation in extracurricular activities, such as church and/or other community service. If the applicant fails to maintain these standards, the committee reserves the right to withdraw the scholarship at any time.
4. **THE APPLICATION:** It is important that all requested information be supplied promptly in a neat, accurate, and honest format. Do not hesitate to add additional sheets when necessary. Also, the attached Recommendation for Scholarship form must be completed by two references (no relatives, please), and returned to: **The Larry A. Hart Memorial Scholarship Committee, 174 Briarwood Drive, Mount Vernon, Ohio 43050 or bighart174@gmail.com**
5. **DUE DATE FOR ALL DOCUMENTS:** The Larry A. Hart Scholarship Committee shall receive ALL documents pertinent to your application on or before the **15<sup>th</sup> of March**.
6. The applicants of this scholarship will be required to submit a suitable photograph, that may accompany the news release as well as documents like:
  - Transcripts (high school and college)
  - Certificates showing proof of successful completion of hunter/trapper education courses.
  - Photocopies of the most recent hunting license, fishing license and trapping permit.

# THE LARRY A. HART MEMORIAL SCHOLARSHIP APPLICATION

(Revised 11/2023)

*Applicant, be sure to thoroughly complete this application packet and return it, along with your two letters of recommendation, to the committee on or before the 15<sup>th</sup> day of March. Please answer all of the questions carefully, with honest and accurate detail. Feel free to add extra sheets for any additional information you wish to include.*

## SECTION 1 - PERSONAL INFORMATION

1. Name: \_\_\_\_\_
2. Home Address: \_\_\_\_\_  
Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_
3. College Address: \_\_\_\_\_  
College Phone #: (\_\_\_\_) \_\_\_\_\_ Other Contact #: (\_\_\_\_) \_\_\_\_\_
4. E-mail address: \_\_\_\_\_
5. Other Information: Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last 4 digits of your S.S.N.: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
6. Is there anything in your background that would render you ineligible for this scholarship or have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No (If yes, Explain)  
Date: \_\_\_\_\_ Location: \_\_\_\_\_ Incident/Charge(s): \_\_\_\_\_
- 7A. Have you successfully completed a Hunter Education Course? \_\_\_\_\_  
If yes: State \_\_\_\_\_ Year \_\_\_\_\_  COPY ATTACHED
- 7B. Have you successfully completed a Trapper Education Course? \_\_\_\_\_  
If yes: State \_\_\_\_\_ Year \_\_\_\_\_  COPY ATTACHED
8. Do you currently participate in any type of shooting sports? \_\_\_\_\_  
If yes, what type? \_\_\_\_\_
9. Are you a member of Ducks Unlimited, National Wild Turkey Federation, Pheasants Forever, the National Rifle Association or any other type of conservation organization?  
If yes, name the organization(s): \_\_\_\_\_
10. Are you now, or have you ever been involved in a scouting type organization? \_\_\_\_\_  
If yes, what is the name the scouting organization & rank attained: \_\_\_\_\_
11. Are you, or do you have any family members who belong to the Twin Valley Rod and Gun Club, are a member of the Wildlife Officer's Lodge of the F.O.P./Unit 2, or are an employee of the Division of Wildlife? If yes, who? \_\_\_\_\_
12. Have you served/are you serving in the United States Armed Forces?  Yes  No  
Which branch? \_\_\_\_\_ Years of service? \_\_\_\_\_

**SECTION 1 - PERSONAL INFORMATION (Continued)**

13. Please describe all important activities, honors, awards, scholarship ratings or any other forms of recognition that you have received from your community, school, college, church, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe your feelings about managing wildlife resources by hunting and/or trapping: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What are your hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you ever worked or volunteered for a law enforcement agency, a natural resources agency, or a conservation organization? If yes, please describe each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. What type of position/career are you striving to attain? Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Are you a resident of Ohio? (Note: For this scholarship, you must reside in Ohio within the last six months. (Students who live in Ohio, but go to college out-of-state qualify as residents)      Yes                      No

**SECTION 2 - HIGH SCHOOL ACADEMIC ACHIEVEMENT**

19. You have/will graduate(d) from what high school? \_\_\_\_\_

20. High school address: \_\_\_\_\_

21. High school phone number: (\_\_\_\_) \_\_\_\_\_

22. What year will/did you graduate from high school? \_\_\_\_\_

23. Attach a copy of your high school transcript to your application package -OR- On a separate sheet of paper, list all of the courses that you have taken during your Freshman, Sophomore, Junior, and Senior years in High School, with grades/G.P.A. for each subject.

**SECTION 2 - HIGH SCHOOL ACADEMIC ACHIEVEMENT (Continued)**

24. "Attachment A" has been completed by the high school administrator?  Yes  No

**SECTION 3 - COLLEGIATE ACADEMIC ACHIEVEMENT**

25. Attach a copy of your college transcript to your application package -OR- On a separate sheet of paper, list all of the courses that you have taken during your Freshman, Sophomore, Junior, and Senior year(s) in college, with grades/G.P.A. for each subject.

26. "Attachment B" has been completed by the College Registrar?  Yes  No

27. Are you currently enrolled in college?

Yes (Go to question # 28A)

No (Go to question # 29)

28A. In what college are you currently enrolled? \_\_\_\_\_

The address of the college is: \_\_\_\_\_

28B. What is your college major and minor? \_\_\_\_\_

29. What college are you planning to attend? \_\_\_\_\_

The address of the college is: \_\_\_\_\_

29A. What will your major and minor be? \_\_\_\_\_

30. How much is your college education going to cost this school year? \$ \_\_\_\_\_

**SECTION 4 - FAMILY/FINANCIAL**

31. Name of Parent(s)/Guardian(s): \_\_\_\_\_

32. Address and Phone Number of Parent(s)/Guardian(s): \_\_\_\_\_

33. Family information:

A. Father: Living?  Yes  No  Unknown  
Current Occupation; \_\_\_\_\_

B. Mother: Living?  Yes  No  Unknown  
Current Occupation; \_\_\_\_\_

C. Guardian(s): Living?  Yes  No  Unknown  
Current Occupation; \_\_\_\_\_

**SECTION 4 - FAMILY/FINANCIAL (Continued)**

33 D. If you are living with a guardian, what is your relationship to the person you have listed as your guardian(s)? \_\_\_\_\_

<b>E. Number of siblings:</b>	<b>Living at home?</b>
Older Sisters: _____	[ ] Yes [ ] No
Younger Sisters: _____	[ ] Yes [ ] No
Older Brothers: _____	[ ] Yes [ ] No
Younger Brothers: _____	[ ] Yes [ ] No

34. Are you dependent upon your parent(s)/guardian(s) for support? [ ] Yes (See 34A) [ ] No

A. How many persons are dependent upon your parent(s)/guardian(s) for support? \_\_\_\_\_

35. Your marital status is (Circle One): Single Married Divorced Separated Widowed

36. Do you have any dependants? [ ] Yes, The number of dependants: \_\_\_\_\_ [ ] No

37. How much financial aid during the next year do you expect to receive from your parents/guardian? Explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. Please list any other sources of financial aid/scholarships that you will be receiving during the next school year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. Do you have any special financial needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 5 - OTHER INFORMATION**

40. Is there any other information that you would like the Scholarship Committee to consider? [ ] No [ ] Yes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40A: Please provide copies of your most recent hunting license, trapping permit, fishing license and or proof of taking a hunter education course and/or a trapper education course.

The above statements, and documents attached, are correct and true. I hereby agree that if I become the recipient of this scholarship, I shall abide by the regulations, moral obligation, spirit and provisions under which the same are granted. If I fail to do that, I acknowledge that the scholarship may be withdrawn at any time, I will voluntarily relinquish said scholarship, and return the full amount back to the L.A.H.M.S. Committee.

Date: \_\_\_/\_\_\_/\_\_\_ Signature of the Applicant: \_\_\_\_\_

**THE LARRY A. HART MEMORIAL SCHOLARSHIP**

**ATTACHMENT A - HIGH SCHOOL TRANSCRIPT SUPPLEMENT**

If the following information is not listed on your high school transcripts, please have the appropriate high school administrator complete the following information:

This is to certify that the applicant, \_\_\_\_\_ will be/has graduated from \_\_\_\_\_ High School, located at \_\_\_\_\_.

The applicant will/has graduate(d) on \_\_\_/\_\_\_/\_\_\_, and has/had a cumulative grade point average of \_\_\_\_\_.

The applicant's S.A.T. scores were: \_\_\_\_\_

The applicant's A.C.T. scores were: \_\_\_\_\_

Name person providing this information: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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**ATTACHMENT B - COLLEGE TRANSCRIPT SUPPLEMENT**

The following is to be completed by the College Registrar if the information is not listed on your college transcripts:

This is to certify that the applicant, \_\_\_\_\_ is currently enrolled in \_\_\_\_\_ College, (Name of College) located at \_\_\_\_\_ (Address of College) (City) (State).

The applicant is/will be working toward a/an \_\_\_\_\_ (Type of Degree) degree in the study of \_\_\_\_\_ (Major).

The applicant's cumulative graded point average is \_\_\_\_\_.

Printed name of the College Registrar: \_\_\_\_\_

Signature of the College Registrar: \_\_\_\_\_

Address of the Registrar's Office: \_\_\_\_\_

Phone number of the Registrar's Office: (\_\_\_\_) \_\_\_\_\_

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## RECOMMENDATION FORM

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**NAME OF APPLICANT:** \_\_\_\_\_

Your knowledge of this applicant will assist the Scholarship Committee in considering the applicant's qualification(s) for scholarship aid. Please add additional sheets/re-generate document if necessary. We would appreciate your honest recommendation based upon any records and/or personal knowledge pertaining to the following points:

1. Is the applicant the type of person you would recommend for this scholarship?  
 No  Yes, Why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Personal Qualifications - What do you consider to be the applicant's outstanding traits which qualify him/her for this scholarship? (i.e.: character, diligence, emotional maturity, leadership ability, honesty, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is your knowledge of the applicant's financial need(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is the applicant the type of person that you would want to respond to assist you in the time of an emergency?  No  Yes Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are you a family member of/or related to the applicant?  Yes  No
6. Do you have any additional remarks or information that you would like to share about the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Title/Occupation/Relationship: \_\_\_\_\_

**Mail this document directly to the Larry A. Hart Scholarship Committee at 174 Briarwood Drive, Mount Vernon, Ohio 43050 or [bighart174@gmail.com](mailto:bighart174@gmail.com) before the 15<sup>th</sup> day of March.**

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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Title/Occupation/Relationship: \_\_\_\_\_

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