

OHIO GAS ASSOCIATION SCHOLARSHIP FOUNDATION 2024 SCHOLARSHIP APPLICATION GUIDELINES

SCHOLARSHIP INFORMATION

- **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 CRITERIA

- **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



2024 SCHOLARSHIP APPLICATION

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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PERSONAL INFORMATION

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: _____ Secondary Phone: _____

Email: _____

Are you currently a student? Full-time Part-time No

Are you currently working? Full-time Part-time No

Are you currently enlisted in the military or a veteran? Yes No



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Have you previously applied for an OGA scholarship? Yes No If Yes, what year(s)? _____

How are you funding your education? (Check all that apply):

Personal Income

Scholarships

Financial Aid / Grants

Student Loans

Parent/Guardian Income

Other (Please Specify)

FAMILY INFORMATION

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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EDUCATIONAL INFORMATION FOR HIGH SCHOOL STUDENTS ONLY

Career Goal:

High School Name: _____

City: _____ State: _____

GPA: _____ Anticipated 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 Trade School Enrolled: _____

City: _____ State: _____

Major or Field of Study: _____

If Not Enrolled, Explain Status of Admission and Reason:



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EDUCATIONAL INFORMATION FOR COLLEGE/TECHNICAL TRADE SCHOOL STUDENTS ONLY

Career Goal:

College, University, Technical or Trade School Attending: _____

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

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.

Signature of Applicant: _____ Date: _____