



OHIO PTA MEMORIAL SCHOLARSHIP COVER SHEET

Student's Name: _____
Phone Number: _____
E-Mail Address: _____
High School: _____
Ohio PTA Region: _____

[Regions listed below for your reference.]

- Region 1 | Allen, Auglaize, Cuyahoga-West*, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lorain, Lucas, Medina, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood
**[Cuyahoga-West includes the cities of Bay Village, Berea, Fairview Park, Lakewood, North Olmsted, Olmsted Falls, Rocky River, Strongsville, Westlake]*
- Region 2 | Adams, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Logan, Madison, Miami, Montgomery, Preble, Shelby, Union, Warren
- Region 3 | Ashland, Crawford, Delaware, Fairfield, Franklin, Gallia, Hocking, Jackson, Knox, Lawrence, Licking, Marion, Meigs, Morrow, Muskingum, Perry, Pickaway, Pike, Richland, Ross, Scioto, Vinton, Wyandot
- Region 4 | Ashtabula, Cuyahoga-East*, Geauga, Lake, Portage
**[Cuyahoga-East includes the cities of Brooklyn, Cleveland Heights, Bedford, Euclid, Garfield Heights, Lyndhurst, North Royalton, Orange, Parma, Solon, South Euclid, University Heights]*
- Region 5 | Athens, Belmont, Carroll, Columbiana, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Mahoning, Monroe, Morgan, Noble, Stark, Summit, Trumbull, Tuscarawas, Washington, Wayne

PROVISION: 1, _____, hereby pledge that the information
Print Name
contained within these materials are true and have been independently complete with minimal
parental involvement. Failure to comply may result in disqualification and/or loss of scholarship.

Student Signature

Parent Signature

Ohio PTA Memorial Scholarship Program
Academic Scholarship Application | 2025-2026
(State approved four-year degree program)

This entire application must be legibly printed or typed. The entire form must be completed.
Faxed applications will not be accepted. Please, one application per student.

Student's Name _____
First NameMiddle InitialLast Name

Student's Home Address _____

CityZip CodeCounty

Student's Phone Number (_____) _____

SCHOOL HISTORY

Elementary School _____ City / State _____

Intermediate School _____ City / State _____

Junior High/Middle School _____ City / State _____

High School (Currently Attending) _____ City _____

To what colleges have you been accepted? _____

Where are you planning to attend college? _____

What is your anticipated major? _____

ACADEMIC PROFILE

Expected Date of Graduation _____

G.P.A. _____ Class Rank out of Class Total _____

SAT Score _____ SAT with Writing Score _____ ACT Score _____ AIR Score _____

What high school honors have you received? _____

Ohio PTA Memorial Scholarship Program
Academic Scholarship Application | 2025-2026

List five school activities you have participated in during your high school career.

List up to five roles or accomplishments that were significant during your high school career.

List five community/volunteer service activities you have participated in during your high school career.
Please include number of hours.

ADDITIONAL PROFILE INFORMATION

What work experiences have you had?

What goals do you have for the future, and how does going to college affect your goals?

Briefly describe any family circumstances of which the scholarship selection committee should be made aware.

Are you or your parent/guardian a PTA member?

 If yes, name of PTA

ESSAY

Please circle ONE of the following questions and provide an essay response of no more than 500 words on the next page.

1. In your volunteer experience, what is something you have learned that has surprised you?
2. Your future is upon you! How do you see volunteering playing a part in this next step of your life?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Mail to: Ohio PTA - Scholarship Committee
40 Northwoods Blvd. Ste A
Columbus, Ohio 43235

(ADDITIONAL ESSAY SPACE, IF NEEDED)

