

THE SURETY ASSOCIATION OF OHIO (SAO)
SCHOLARSHIP PROGRAM

FORM I - APPLICATION (Please print using **black ink.**)

Member Company Affiliation: _____

APPLICANT
DATA

Last Name _____ First _____ Middle Initial _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Date of Birth ____ / ____ / ____ Phone (____) _____

High School Name _____

Graduation Date _____ or GED Date _____

If returning to college after a break in attendance:

College Attended _____

PARENT
or LEGAL
GUARDIAN
INFORMATION
(if applicant is
under 18)

Last Name _____ First _____ Middle Initial _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Work Location _____

Work Phone (____) _____

Relationship to Applicant _____

COLLEGE
DATA

Name of college or university you plan to attend. (If unknown, please list in order of preference the schools to which applications for admission have been sent.)

_____ City _____ State _____

_____ City _____ State _____

_____ City _____ State _____

WORK
EXPERIENCE

Describe your paid work experience. Indicate dates of employment in each job and number of hours worked per week.

Company/Position	Dates		Hours per Week
	From-Mo./Yr.	To-Mo./Yr.	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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FORM I - APPLICATION (continued)

ACTIVITIES,
AWARDS,
and HONORS

List all **school** activities in which you have participated during high school (e.g., student government, music, sports, etc.).

List all community activities in which you have participated without pay (e.g., civic involvement, volunteer work, etc.).

UNUSUAL
CIRCUMSTANCES

Please report any unusual family or personal circumstances, if applicable, that have affected your academic achievement in school, work experience, or your participation in school and community activities.

ESSAY

Please attach essays as outlined in the Scholarship Policy. Your essays must be typed, not to exceed one page (double spaced), and include your full name on all pages.

CERTIFICATION

In submitting the application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. This application becomes property of the Surety Association of Ohio.

Applicant's Signature _____

Date _____

If applicant is under 18:

Parent/Legal Guardian Signature _____

Date _____

SUBMISSION

Submit the completed application with the required attachments to the Surety Association of Ohio by the application deadline.

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FORM II - TRANSCRIPT FORM

SECTION A:

Student Name _____

Parent/Legal Guardian Name _____ Work Location _____

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete the Surety Association of Ohio Scholarship application, this consent form must be signed prior to the school registrar/principal/guidance counselor completing Section B of Form II of this application.

"I, hereby, consent to allow my son's/daughter's high school to release all pertinent scholastic and educational information regarding me my son/daughter requested below and contained herein to properly complete the Surety Association of Ohio Scholarship Program application."

Parent/Legal Guardian Signature _____ Date _____

Student Signature (if 18 or older) _____ Date _____

SECTION B- School Official - please complete the following information:

TRANSCRIPT

Applicants must include a **high school transcript** of grades and have the INFORMATION in the following section completed by the appropriate school official.

Do not include a photo if part of transcript.

Applicant ranks _____ in class of _____ Cumulative grade point average _____/4.0 scale. If grading scale is other than a 4.0, please include grade comparison explanation.

SAT Verbal _____ Math _____ ACT English _____ Math _____

School Official:

Please print name _____ Title _____

Signature _____ Date _____

School Name _____

School Address _____

City _____ State _____ Zip Code _____ Phone (_____) _____

Please attach transcript to this form and return to the Surety Association of Ohio in the student provided envelope.

Deadline for receipt of all material is June 16, 2017

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FORM III - REFERENCE LETTER

SECTION A:

Student Name _____

Parent/Legal Guardian Name _____

Work Location _____

SECTION B:

Please use this form for your letter of reference or you may attach a separate page for your reference letter.

Please Print Name _____

Signature _____ Date _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Relationship to applicant _____ Phone (____) _____

Please return to the Surety Association of Ohio in the student provided envelope.

Deadline for receipt of all material is June 16, 2017

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FORM III - REFERENCE LETTER

SECTION A:

Student Name _____

Parent/Legal Guardian Name _____

Work Location _____

SECTION B:

Please use this form for your letter of reference or you may attach a separate page for your reference letter.

Please Print Name _____

Signature _____ Date _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Relationship to applicant _____ Phone (____) _____

Please return to the Surety Association of Ohio in the student provided envelope.

Deadline for receipt of all material is June 16, 2017