



CHARLES W. GREEN SCHOLARSHIP (2010) **\$2500 Award**

Eligible Applicants: Students pursuing post high-school trade or technical training including diploma, certificate, and associate degree programs. (Examples: restaurant mgt., cosmetology, mechanics, auto body, allied medicine, etc.)

PART I: APPLICANT INFORMATION

A. INSTRUCTIONS

The Application for this scholarship includes the following documentation, which must accompany this form: **TURN COMPLETED APPLICATION & DOCUMENTATION INTO THE MHS GUIDANCE DEPT. (ATTENTION GREEN SCHOLARSHIP C/O UNION COUNTY FOUNDATION) BY APRIL 9TH, 2010.**

1. Letter of acceptance into the post high school training you plan to attend. (If available)
2. Two letters of recommendation from persons other than relatives.
3. Transcript of grades and courses. (Provided automatically by the Guidance Dept.)

B. PERSONAL DATA

DATE _____

Name in Full _____
Last First Middle

Home Address _____
Street City

Parents/guardian _____
State Zip

Home Phone: _____ Email: _____

Age: _____ Birth Date: _____ Male _____ Female _____ SS# _____

of Brothers _____ (ages: _____) # of Sisters _____ (ages: _____)

How many others from your household will be attending higher education in the next year? _____

Single _____ Married _____ No. of Children _____ (ages _____)

Are you a citizen of the United States? Yes ___ No ___ (If no, what country _____)

C. EDUCATIONAL BACKGROUND

High School _____ Street Address _____ City, Zip _____ Phone # _____

Date of Graduation _____ Course taken _____

Rank in class _____ Approximate # in class _____



P.O. Box 608 – 126 N. Main St. – Marysville, Ohio 43040 – (937) 642-9618 – FAX (937) 642-7376

F. SPECIAL CIRCUMSTANCES: Explain any special circumstances that support your need for this scholarship _____

G. RECORD OF WORK EXPERIENCE & EXTRA-CURRICULAR ACTIVITIES:

Include school and community activities and honors. Check in the spaces provided the school year(s) in which you participated in each activity.

NAME OF ACTIVITY 9TH 10TH 11TH 12TH OFFICES & HONORS

Condition of Health _____

Physical Handicaps _____

Work experience including present employment _____

MO/YR to MO/YR Job Description Specified Hrs. Wages Per Hr.

Applicant's Signature: _____

Phone Contact #: _____