



# OHCE *Scholarship*



Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of High School & GPA: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

**To be considered for this Scholarship, you must complete the following:**

1. List all school activities and involvement
2. List all community involvement (church, civic)
3. What are your plans after graduation?
4. On a separate sheet of paper write a brief essay ( 150-300 words) summarizing your School Career
5. Attach 2 letters of reference regarding your character, leadership and citizenship (*not family*)
6. Attach a copy of your High School Transcript
7. Return this form to the **Comanche County Extension Office by April 10, 2024**