OTHS PTSA Student Scholarship Application

Due 4/9/2025 by 2:35 pm to the Main Office

Name:	Student ID#				_	
Email:	Telephone: _				_	
Number of years applicant ha	s been a member of the high school	PTSA:				
I. OTHS PTSA SERVIC	E					
Service includes volunteering for PTS	A sponsored events and attendance at PTS.	A Genera	l Meeting	gs		
Name of PTSA Activity/Event/Meeting	Description of Involvement	9 th	10 th	11 th	12 th	Total Hours
II. COMMUNITY SERVICE						
Name of Activity or Organization	Description of Service	9 th	10 th	11 th	12 th	Total Hours

III. EXTRACURRICULAR ACTIVITIES DURING HIGH SCHOOL YEARS

Name of Activity or Organization	Description of Involvement	9 th	10 th	11 th	12th

IV. WORK EXPERIENCE DURING HIGH SCHOOL YEARS

Employer/Job Held	Description of Employment	Dates of Employment

V. HONORS & AWARDS RECEIVED, (SCHOOL AND NONSCHOOL)	, AND NOTEWORTHY A	ACHIEVEMENTS	DURING HIG	H SCHOOL	
Name of Honor, Award, or	Achievement		Date(s) awa	arded	
VI. ESSAY					
Please type and attach your response to the How has your participation and service at To				han 750 words.	
Accredited college, university, or technical s	school you are conside	ring attending:	·		
List all other scholarships you have applied	for/received at this tir	ne.			
Name of Scholarship	Amount Indicate per year or total	Received			
		Yes	No	Pending	
			_		

Please indicate two OTHS faculty members that may be contacted	ed for a reference.
Faculty Member's Printed Name	
Faculty Member's Printed Name	
APPLICANTS STATEMENT:	
I agree to the provisions of this application, and I understand that unable to meet the stipulations set out by the OTHS PTSA. I furth application is, to the best of my knowledge, accurate.	•
Signature of Applicant	Date
Signature of Parent	Date
FOR Front Office USE ONLY	
Date application received:	
Front Office Collector's Printed Name	
Front Office Collector's Signature	 Date
FOR Registrar USE ONLY	
GPA: Date of enrollment a	at OTHS:
Registrar's Printed Name	
Registrar's Signature	 Date