

**PAULDING COUNTY AREA FOUNDATION
SCHOLARSHIP APPLICATION**

FULL NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

HOME PHONE _____ CELL _____

EMAIL ADDRESS _____

MOTHER NAME _____ FATHER NAME _____

OR LEGAL GUARDIAN _____

UNIVERSITY/COLLEGE ATTENDING _____

DATE OF ADMISSION _____ PROOF OF ENROLLMENT (ATTACH)

GPA _____ ATTENDANCE RECORD (BOTH PROVIDED BY GUIDANCE OFFICE)

FIELD OF STUDY _____

PROVIDE ACTIVITIES OR ORGANIZATIONS INVOLVED IN _____

DO YOU PLAN ON RETURNING TO PAULDING COUNTY IN YOUR FIELD OF STUDY

Application due to Paulding County Area Foundation by date listed on website.

Please provide a senior picture with your application.

Return to 101 E. Perry Street Paulding Ohio 45879

www.pauldingcountyareafoundation.com

