

Due April 21st

Tom Zirkle Memorial Scholarship Guidelines

1. Applicants must be enrolled in the Automotive Collision Technology Program at the Ashtabula County Technical & Career Center.
2. Applicants must be from Ashtabula County and enrolled in one of the following high schools: Grand Valley, Jefferson, or Pymatuning Valley.
3. Scholarship will be for a one-year period.
3. Four (4) \$300.00 scholarships shall be awarded to an Automotive Collision Technology student to be used for tools and class fees.
4. **Incomplete and late applications will not be considered.**
A complete application will include all of the following:
 - (1) one-page application completed by you (attached).
 - (2) A transcript of **all** credits earned in high school.
Copies will be accepted.
 - (3) Two letters of recommendation stating your qualifications.
One must be from a high school instructor. The other may be from any person who knows you well.
5. Application envelope should have the students name on it.
6. **Applications must be received by Mr. R. Scott Wludyga, Superintendent by April 21st.**

No late applications will be considered.

The information asked for in this application is necessary in order for us to determine the award winners. Please submit your application packet to:

Mr. R. Scott Wludyga, Superintendent
Ashtabula County Technical & Career Center
Superintendent's Office—Dr. Jerome R. Brockway Administrative Complex

7. Selected student is to send a thank you to:

Roaming Shores Polar Bear Club
104 Rockaway Drive
Roaming Shores, OH 44085

Due April 21st

**Tom Zirkle Memorial Scholarship
Application**

Name _____ Age _____

Address _____ Phone _____

Parent's Name _____

Parent's occupations: (if self-employed, please be specific)

A. Father _____ B. Mother _____

How many people are dependent upon income from the above occupations? _____

What do you intend to do after graduating? _____

Have you been awarded any other scholarship(s)? _____

If so, what is the total value? _____

List all school organizations and activities you were a member of, or took part in, and list offices held.
(Add additional pages if needed)

ORGANIZATION	OFFICE(S) HELD	YEARS A MEMBER

List all out-of-school organizations you belonged to, number of years a member and offices held.

ORGANIZATION	YEARS A MEMBER	OFFICE(S) HELD	ADVISORS

REMEMBER - a complete application is:

1. This application form completed
2. Two letters of recommendation
3. High school transcript (may be a copy)
4. Submitted by the deadline

**ALL OF THE ABOVE, INCLUDING THE LETTERS OF RECOMMENDATION, SHOULD BE RECEIVED BY
MR. R. SCOTT WLUDYGA, SUPERINTENDENT BY APRIL 21ST.**