

**AGONIS CLUB OF COLUMBUS, OHIO, INC.
SCHOLARSHIP APPLICATION FORM**

FEMALE NOMINEE: _____
PLEASE PRINT YOUR NAME CLEARLY AS YOU WANT IT TO APPEAR ON THE PLAQUE

Telephone Number: (_____) _____ **School:** _____

Home Address: _____

Student's E-Mail Address: _____

*Please be sure to make all information legible. Address, phone and e-mail will be used for follow-up on awards only.

PART I (TO BE COMPLETED BY APPLICANT. DO NOT ATTACH ADDITIONAL PAGES – Additional pages will NOT be considered). Please do not change font size.

HIGH SCHOOL ATHLETIC PARTICIPATION (PLEASE INDICATE NUMBER OF LETTERS IN EACH SPORT):

NON-ATHLETIC SCHOOL ACTIVITIES:

AWARDS AND HONORS (ATHLETIC AND NON-ATHLETIC):

LEADERSHIP ACTIVITIES:

VOLUNTEER/COMMUNITY SERVICE:

FINANCIAL NEED (include costs not funded by another source, other scholarships, assistance from parents or others, and any special circumstances):

COLLEGE(S) (INDICATE IF YOU HAVE APPLIED AND/OR HAVE BEEN ACCEPTED):

ADDITIONAL INFORMATION (OPTIONAL):

Date of Awards Banquet _____ Last Day of School for 2010/11 _____

Please check here if you should not (due to an athletic scholarship) or do not wish to be considered for a scholarship.

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:

NAME OF ATHLETIC DIRECTOR - PRINTED

STUDENT NOMINEE SIGNATURE

ATHLETIC DIRECTOR SIGNATURE

PART II (TO BE COMPLETED AND SIGNED BY GUIDANCE COUNSELOR OR OTHER APPROPRIATE OFFICIAL FROM APPLICANT'S HIGH SCHOOL):

GUIDANCE COUNSELOR'S NAME:
PHONE NUMBER:
SCHOOL:
STUDENT'S GPA:
SAT OR ACT SCORE (PLEASE SPECIFY WHICH):
CLASS RANK:
NUMBER OF STUDENTS IN CLASS:

ADDITIONAL COMMENTS (OPTIONAL):

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:

GUIDANCE COUNSELOR SIGNATURE

DATE

Please mail completed applications to:

Stephen J. Smith Jr., Schottenstein Zox and Dunn, 250 West Street, Columbus, Ohio 43215