

GED SCHOLARSHIP APPLICATION

Due: May 27th

Name : _____

Address: _____

Phone _____ Date of GED: _____ Score: _____

ABLE Center/Class Attended: _____

College, University or Adult Vocational Program you plan to attend: _____

Starting Date: _____

1. What are your immediate and long term career goals?

Immediate:

Long term:

2. How will you use the scholarship award?

3. On the back of this application, please write a statement of not more than 300 words stating:

- 1) Honors or Special Recognitions you have received.
- 2) Work experience.
- 3) Activities.
- 4) Why you would be a good recipient of this award.

Signed: _____ Date: _____

Return To:
Doris Schoning
ABLE/PCLC Director
7075 St. Rt. 88
Ravenna, OH 44266