

**2026**

# **ISAAC WEBB MEMORIAL SCHOLARSHIP APPLICATION**

**PLEASE COMPLETE ALL SECTIONS.**

**PLEASE INCLUDE CURRENT GRADE TRANSCRIPT  
IN SEALED ENVELOPE WITH THIS APPLICATION.**

## **PERSONAL INFORMATION**

NAME:

ADDRESS:

PHONE NUMBER:

HOME PHONE:

CELL:

## **EDUCATIONAL INFORMATION**

SCHOOL:

ADDRESS:

GRADUATION DATE:

AREA OF STUDY:

## **EDUCATIONAL INFORMATION (continued)**

AREA OF STUDY:

PROGRAM:

GPA:

COLLEGE:

INSTITUTION YOU PLAN ON ATTENDING/CURRENTLY ATTEND:

MAJOR YOU ARE INTERESTED IN PURSUING/CURRENTLY PURSUING:



# RECOMMENDATION

(TO BE COMPLETED BY STUDENT)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAJOR: \_\_\_\_\_

(TO BE COMPLETED BY PERSON MAKING RECOMMENDATION (EMPLOYER, TEACHER,  
COACH, CLERGY, ETC., NOT FAMILY OR FRIEND)

LENGTH OF TIME YOU HAVE KNOWN APPLICANT: \_\_\_\_\_

IN WHAT CAPACITY DO YOU KNOW APPLICANT (I.E. TEACHER, ADVISOR, EMPLOYER,  
ETC.)? \_\_\_\_\_

WE ARE SEEKING INFORMATION ABOUT QUALITIES RELATED TO THE APPLICANT'S  
POTENTIAL SUCCESS IN THE MAJOR LISTED ABOVE. PLEASE RATE THE CANDIDATE  
BELOW AND MAKE ANY ADDITIONAL COMMENTS YOU DESIRE.

RATE EACH CATEGORY BELOW WITH: SUPERIOR, ABOVE AVERAGE, AVERAGE, FAIR,  
POOR, OR UNABLE TO JUDGE

WORK HABITS: \_\_\_\_\_

LEADERSHIP: \_\_\_\_\_

DEPENDABILITY: \_\_\_\_\_

POTENTIAL FOR SUCCESS: \_\_\_\_\_

COOPERATION: \_\_\_\_\_

INITIATIVE: \_\_\_\_\_

**COMMENTS:**

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**RECOMMENDATION COMPLETED BY:**

NAME:

DATE:

TITLE:

**PLEASE RETURN ALL COMPLETED FORMS TO:**

OHIO STATE REFORMATORY  
ATTN: SCHOLARSHIP COMMITTEE  
100 REFORMATORY ROAD  
MANSFIELD, OH 44905