2027

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:

EMAIL:

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:

TELL US ABOUT YOURSELF

PLEASE TELL US A BIT ABOUT YOURSELF. SPECIFICALLY ADDRESS WHAT EXPERIENCES HAVE INFLUENCED YOUR DECISION TO PURSUE AN EDUCATION THAT WILL HELP YOU IN YOUR CAREER CHOICE. PLEASE BE AS DETAILED & CREATIVE AS YOU WISH.

TELL US ABOUT YOURSELF [CONTINUED]

RECOMMENDATION ONE

(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: _____

ADDITIONAL COMMENTS (Please feel free to type a separate letter of recommendation or use this space to highlight anything about the student you are recommending that may have not been included in the above evaluation):

RECOMMENDATION COMPLETED BY:

NAME:

DATE:

TITLE:

PLEASE RETURN ALL COMPLETED FORMS TO:

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

RECOMMENDATION TWO

(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.

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WORK HABITS: _____
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