

# Tusky Days Festival, LLC Scholarship Application

## SCHOLARSHIP APPLICATION FOR YEAR 2018

The Tusky Days Festival, LLC will award one \$500.00 scholarship to a graduating senior of any area high school, providing the student resides in Warwick Township which includes the Village of Tuscarawas. **College or other types of post high school education will both be considered.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

### **Requirements:**

- 1) This completed application, two recommendations, and a certified transcript to be returned by April 13, 2018.
- 2) Recommendations and application should be in a sealed envelope. Mail directly to:  
**Tusky Days Festival, LLC**  
**PO Box 388**  
**Tuscarawas, Ohio 44682**
- 3) Applicant must be a resident of Warwick Township which includes the Village of Tuscarawas.

If you need additional space to answer question, please attach an additional sheet. If you have any questions, contact Joe Krockner or Wanda Krockner at 740-922-1653.

High School Attended \_\_\_\_\_

High School Activities \_\_\_\_\_

Leadership Positions Held \_\_\_\_\_

Special Honors Received \_\_\_\_\_

Community Activities \_\_\_\_\_

Work Activities \_\_\_\_\_

College or school you will attend \_\_\_\_\_

Career choice or field of study \_\_\_\_\_

Ages of other dependents in your family \_\_\_\_\_

Are there any financial or other hardships in the family? Yes \_\_\_\_\_ No \_\_\_\_\_

Please Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently working? \_\_\_\_\_

Will you work during your college or other advance education? \_\_\_\_\_

**It is encouraged to attach a separate sheet describing accomplishments, goals, and how this scholarship will help you attain your goals.**

Names of people you have given recommendation sheets to:

1.

2.

3.

4.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Recommendation Sheet

\_\_\_\_\_ is applying for a Tusky Days Festival Scholarship to be awarded by the Tusky Days Festival, LLC. This recommendation is a required part of the application.

How long have you known the applicant? \_\_\_\_\_

How do you know the applicant? (Minister, friend, teacher, employer, etc.)  
\_\_\_\_\_

Has the applicant been a leader in any activity? \_\_\_\_\_  
\_\_\_\_\_

Can the applicant pursue his/her goals in the face of adversity? \_\_\_\_\_  
\_\_\_\_\_

Please give your personal evaluation of the applicant providing any information that will help us to make an informed decision.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete and return by April 13, 2018.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please mail completed recommendation forms directly to:

**Tusky Days Festival, LLC**

**PO Box 388**

**Tuscarawas, Ohio 44682**

**ALL RECOMMENDATION SHEETS ARE STRICTLY CONFIDENTIAL**