

Tusky Days Festival, LLC Scholarship Application

SCHOLARSHIP APPLICATION FOR YEAR 2020

The Tusky Days Festival, LLC will award up to two \$500.00 scholarships to a graduating senior of any area high school, providing the student resides in Warwick Township which includes the Village of Tuscarawas. **College and other types of post high school education will 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 May 4, 2020.
- 2) Recommendations and application should be in a sealed envelope. Mail or email to:
Tusky Days Festival, LLC
PO Box 388
Tuscarawas, Ohio 44682

info@tuskydays.org
- 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 May 4, 2020.

Signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Please mail or email completed recommendation forms to:

Tusky Days Festival, LLC

PO Box 388

Tuscarawas, Ohio 44682

info@tuskydays.org

ALL RECOMMENDATION SHEETS ARE STRICTLY CONFIDENTIAL