Oak Grove High School

Parents-Teachers-Students Association (PTSA)

Scholarship Application

Name: _____
Last First Middle

Date of Birth: _____

Address: _____

City: _____
Zip Code

Telephone: _____

Parents Names: _____

High School(s)	Date of attendance
_____	_____
_____	_____

G.P.A. _____

I plan to attend (Name of College): _____

I have applied: _____ I have been accepted: _____

_____

I HERBY AFFIRM: That I intend to be enrolled in an accredited school of higher education as a full time student.
I understand that no funds shall be transmitted until the PTSA receives notification from the registrar of the institution of higher learning verifying my enrollment.
I understand that enrollment must be completed within the current calendar year.
I understand that funds will be released to the institution that I have been enrolled.
I understand that the Scholarship money is good for one (1) year only.

Signature of Applicant: _____ Date: _____