

Ohio Wardens and Superintendents Association John Dean Scholarship Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-mail address: _____

Name of College/University you plan to attend or are attending: _____

Field of study: _____

High school or college GPA: _____

Name of nominating OWSA member: _____

By signing below, i understand and agree to abide by the terms of the OWSA John Dean Scholarship requirements and verify that all information that i have provided is accurate.

Signature: _____ Date: _____

- Attachments: +One page essay
+One letter recommendation from nominating OWSA member
+Verification of your GPA (A letter from your professor and/or most recent transcript.)

Mail applications to: OWSA
P.O. Box 191
Cadiz, OH 43907