**The Ohio Federation of Soil and Water Conservation Districts (OFSWCD)**

**Auxiliary Scholarship**

Criteria to apply for the scholarship, the Applicant must meet **ALL** of the following criteria:

* The Applicant must be the child or grandchild of a past or present Soil and Water Conservation District Supervisor.
* The Applicant and his/her parents must be residents of the state of Ohio.
* The Applicant must be a full-time student.
* The Applicant must be entering one of the following programs:
	+ The Second Year of an Associate’s Program
	+ The Second, Third, or Fourth Year of a Bachelors Program
	+ Accepted or Already Enrolled in a Graduate School Program.
	+ The Applicant must have a minimum of a 2.5 Cumulative Grade Point Average on a 4.0 scale.
	+ The Applicant may not have received a scholarship from the Ohio Federation of Soil and Water Conservation Districts previously.
* To apply the Applicant must submit the following PRIOR TO THE DEADLINE OF January 2, 2025:
	+ The completed application form.
	+ Up-to-Date Transcripts of ALL college courses. (This should include any transferred credits from previous universities or schools.)
	+ Two recent letters of reference. (Letters may not be more than 6 months old, must be on letterhead, and dated.)
	+ Filing Requirements are to be submitted to the following address PRIOR TO January 2, 2025 for the 2025-2026 school year. OFSWCD, 8995 E. Main St., Reynoldsburg, OH 43068
* Up to THREE Scholarships of $1,000 each will be awarded for the 2025-2026 School Year. Application form available at www.ofswcd.org (under programs and services) or see the attached. Ohio Federation of Soil and Water Conservation Districts Auxiliary Scholarship Application Form.

2025 Auxiliary Scholarship Application Form (attach additional sheets as necessary)

Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of OFSWCD Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_ Parent \_\_\_\_\_ Grandparent

County served as an OFSWCD Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During (Years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Current/Former OFSWCD Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University or College Currently Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Year of College Will You Be Entering This Upcoming Fall Semester/Quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Are Your Long-Range Goals with Respect to your Education?

Please Describe Your Activities That Demonstrate Responsibility, Leadership and Community Involvement.

Please List Grants, Dean’s List Scholarships, Academic or Sports Scholarships, Outside Scholarships or Financial Assistance you have received or expect to receive.

What Other Information About You, Your Education, Your Leadership Skills, Your Community Involvement or Your Financial Need, Would You Like Us to Know When We Are Considering Your Application?

*Thank you for your interest in the OFSWCD Auxiliary Scholarship. Our panel of judges will let you know the results of your application.*