**Gary Cline Memorial Scholarship**

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This scholarship will be awarded to an East Canton High School Sophomore who has been accepted into a skilled trade program at one of the areas partnering schools.



**Applications Due to ECHS Guidance Counselor by: April 12th, 2024**

(Scholarship to be awarded on May 17th, 2024 at the ECHS Awards Assembly)

**Scholarship Requirements:**

1. ***ONE*** scholarship will be awarded annually to a qualifying ECHS student.
2. The student ***MUST*** be accepted into a skilled trade program at one of the area partnering schools.
3. This student must have a GPA of 1.7 or greater.
4. The student will be required to vet an application process by the committee.
5. The scholarship will reimburse the awarded student for necessary expenses to prepare them for entering the skilled trade program up to $500.
6. The awarded student will be required to submit receipts to the Osnaburg Local Schools Treasure’s Office for reimbursement of their expenses.  (The scholarship will not be issuing a check for the full amount in order to ensure the funds are being appropriated correctly.)
7. Please include a high school transcript along with an essay explaining the student’s choice to attend a trade school, and why he/she should be chosen as the scholarship winner. (This essay should be a minimum of 250 words.) Please include a photograph of the student.

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First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA: \_\_\_\_\_\_\_\_\_ (Minimum of a 1.7 GPA required)

Accepted Trade School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Skilled Trade Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guidance Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Guidance Counselor’s signature to serve as verification that he/she has had a conversation with the student about the scholarship.)*