



# All Ohio Chapter Soil & Water Conservation Society

**SCHOLARSHIP APPLICATION and TRANSCRIPT**  
**Must be RECEIVED by Jan. 6, 2020**

Name \_\_\_\_\_  
Last First Middle

School Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio Zip \_\_\_\_\_

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

Personal Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are You a US Armed Forces Veteran: \_\_\_\_\_

## SCHOOL INFORMATION

College / University attending: \_\_\_\_\_  
(must be a 2 or 4 year Ohio college or university)

1. School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Ohio Zip \_\_\_\_\_

2. Year in School (January of 2020): FR – SO – JR – SR \_\_\_\_\_

3. Major Field of Study: \_\_\_\_\_

4. Estimated Annual Cost of Education

✓ Tuition & Fees \$ \_\_\_\_\_

✓ Room & Board \$ \_\_\_\_\_

✓ Book & Supplies \$ \_\_\_\_\_

4. Percentage of Educational cost from:

\_\_\_\_\_ Ohio Instructional Grant

\_\_\_\_\_ Other Loans

\_\_\_\_\_ College Work Study

\_\_\_\_\_ Pell Grant

\_\_\_\_\_ Scholarships / Grants

\_\_\_\_\_ Student Contribution

\_\_\_\_\_ Perkins Loan

\_\_\_\_\_ Parents Contribution

5. List positions of leadership that you have held, awards received and organizations participated in during your college career:

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6. Provide a one page letter of reference from your academic advisor. Letter should be signed by the advisor with his or her contact information including address, email and phone number. Letter should be sealed in a separate envelope and accompany this scholarship application.
7. Provide a one-page typewritten statement describing your career objectives in the field of conservation, natural resources and/or environmental sciences.
8. Please submit an official college transcript with this application on college or university stationery.

**NOTE: Applications received will not be considered if ANY portion of the requested information is missing.**

**PERSONAL INTEGRITY STATEMENT:** I certify that all the information I have provided on this application is true, honest and correct. I authorize the release of all scholarship materials, including references and transcripts to the members of the SWCS All Ohio Chapter Scholarship Committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETED SCHOLARSHIP APPLICATIONS-INCLUDING TRANSCRIPTS -  
MUST BE RECEIVED BY January 6, 2020**

**MAIL TO:**

Mark Fritz  
SWCS Scholarship Committee  
609 Lisa Lane  
Willard, OH 44890  
e-mail: msfritz5@gmail.com

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