

S.W.O.F.C.A. SCHOLARSHIP APPLICATION

Applicant's Name _____ High School _____

Address _____ Phone _____
Street City Zip

College(s) Applied to: _____

Intended Major _____

To be completed by Counselor or Principal: _____
(All information is to be based on seven semesters of work)

1. Class Rank _____ in a class of _____
2. Grade Point Average _____ 3. ACT/SAT _____

Principal's Recommendation:

Principal's Signature

SWOFCA Member's Recommendation:

Member's Signature

**COMPLETED APPLICATIONS MUST BE RETURNED TO:
Coach Zach Taylor
Glen Este High School
4342 Glen Este-Withamsville Rd
Cincinnati, Oh 45245**