



SCHOLARSHIP APPLICATION INFORMATION

General Information:

DEADLINES

EHOVE Adult Education Scholarship	The 15 th each month (Jan, Mar, May, July, Sept & Nov)
Norwalk Lions K. Flickenger	October 15 th
Norwalk Lions Bader Summitt Motorsports	October 15 th
Sandusky Zonta Club	December 31 st – Special Application available in Student Services
Ladies Auxiliary of the VFW	Before Thanksgiving break
Firefighter/EMS Memorial Scholarship	To be Determined
Karen E. Holmes Memorial Nursing Scholarship	December 1st

1. If any question does not apply to you in this application please put N/A in the space provided.
2. Type or print legibly. Illegible applications will not be considered. You may also download a copy of the application online at www.ehove.net under the Adult Education Scholarships link.
3. You will be notified in writing regarding the status of your application.
4. Scholarships will be awarded as funds are available.
5. If you have any questions about the application, please call the Student Services Office at 419-499-5335.

Criteria:

Scholarship	Attending Qualifying EHOVE Program*	Completed Application	Appendix Required	Grades & Attendance Evaluated	Financial Need	** County Residency Requirements	1 letter of Reference	Submit by deadline
EHOVE Adult ED	√	√	N/A	√	√	Any	√	√
Norwalk Lions K Flickenger	√	√	A	√	√	Huron	√	√
Norwalk Lions Bader Summitt Motorsports	√	√	A	√	√	Huron	√	√
Ladies Auxiliary of the VFW	Medical or EMS only	√	N/A	N/A	N/A	Any	N/A	√
Firefighter/EMS	√	√	B	Must have completed 50% of coursework in an eligible program	√	Any	√	√
Karen E. Holmes Memorial Nursing Scholarship	Enrolled in EHOVE School of Practical Nursing	√	C	√	N/A	Any	√	√

* Personal interest classes are not eligible for scholarships.

** The following items will be accepted as proof of residency: Drivers License, ID or current personal mail that reflects residency.

Application Process:

1. Submit completed application form (if handwritten, please print legibly) along with one (1) letter of recommendation from a choice of: high school teachers, administrators, counselors, employers, or individual with significant knowledge of applicant's experience and involvement that is not a relative or an EHOVE Adult Education Instructor. All applications must be postmarked, or date stamped on or before deadline.
2. Students Program Coordinator will be asked to submit information regarding applicant's grades and attendance. Other staff members will also be asked for input.
3. Applications will be reviewed by the Scholarship Committee.
4. Applicant will be notified of the decision by mail/ email within 30 days of the scholarship deadline.

Please mail OR submit application in person to:

**EHOVE Adult Career Center
Scholarship Committee**
316 W. Mason Rd.
Milan Ohio 44846



SCHOLARSHIP APPLICATION

Please check each scholarship you are applying for:

- EHOVE Adult Education Scholarship Norwalk Lions K. Flickenger (See Appx. A)
 Norwalk Lions Bader Summit Motor Sports (See Appx. A)
 Ladies Auxiliary of the VFW Firefighter/EMS Memorial Scholarship (See Appx. B)
 Other _____ Karen E. Holmes Memorial Nursing Scholarship (See Appx. C)

Please type or print your answers. Incomplete or illegible applications will not be considered.						
1.	Last Name:		First Name:			
2.	Address:		City	Zip	County	
3.	Daytime Telephone Number: ()					
4.	Date of Birth: Month		Day	Year		
5.	I am enrolled in the following EHOVE program:					
6.	List the name(s) of any school(s) you have attended since receiving your HS diploma/ GED		Major	Start Date (month/year)	End Date (month/year)	Type of degree/certificate received (if applicable)
	A.					
		If you did not complete this program please explain why:				
	B.					
		If you did not complete this program please explain why:				
	C.					
		If you did not complete this program please explain why:				

Questions:

7.	What are your plans after graduation?
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8.	Why are you in need of this scholarship?
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PHOTO RELEASE

Please check below to authorize use of your photograph and/or name to be used for possible public relations and recruitment purposes.

- Yes- I give permission for my photo and name to be released
 No- I do not give permission and will be responsible for informing the photographer and/ or instructor and not joining a group photo at time of photos.

Signature of scholarship applicant: _____ Date: _____

STATEMENT OF ACCURACY

I hereby affirm that information provided is true and accurate to the best of my knowledge.

Signature of scholarship applicant: _____ Date: _____

Print Name _____

APPENDIX A

Print Name _____

Additional questions to be completed by students applying for either of the Norwalk Lions Scholarships.

9.	Describe how you have overcome life's adversities.
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10.	What do you know about the Lion's Club?
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Signature of scholarship applicant: _____ Date _____



APPENDIX B

ADULT EMS MEMORIAL SCHOLARSHIP

This scholarship is in memory of past EHOVE Fire Academy students that have given their lives in the line of duty protecting their communities. The future of the Fire Service demands committed, educated, prepared, and dedicated individuals. This scholarship honors those who possessed those important traits, and those who will.

Their sacrifice will never be forgotten

Additional questions to be completed by students applying for the Firefighter/EMS Memorial Scholarship. You may use the back of this paper or attach additional sheets if needed.

9.	Why have you chosen to pursue a career in EMS? (Minimum 200 words)
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10.	What contribution(s) do you see yourself giving to the future of EMS? (Minimum 200 words)
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11.	What does dedication mean to you? (Minimum 100 words)
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Signature of scholarship applicant: _____ Date _____



EHOVE
FIRE ACADEMY
"EXCEED THE STANDARD"

APPENDIX B

ADULT FIREFIGHTER MEMORIAL SCHOLARSHIP

This scholarship is in memory of past EHOVE Fire Academy students that have given their lives in the line of duty protecting their communities. The future of the Fire Service demands committed, educated, prepared, and dedicated individuals. This scholarship honors those who possessed those important traits, and those who will.

Their sacrifice will never be forgotten

Additional questions to be completed by students applying for the Firefighter/EMS Memorial Scholarship. You may use the back of this paper or attach additional sheets if needed.

9.	Why have you chosen to pursue a career in Firefighting? (Minimum 200 words)
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10.	What contribution(s) do you see yourself giving to the future of Fire Service? (Minimum 200 words)
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11.	What does dedication mean to you? (Minimum 100 words)
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Signature of scholarship applicant: _____ Date _____



APPENDIX C

Karen E. Holmes Memorial Nursing Scholarship

Print Name _____

This scholarship is in memory EHOVE nursing student Karen E. Holmes who was passionate about helping others through her pursuit of a career in nursing. Unfortunately, Karen's life was cut short by domestic violence while she was enrolled in the program. It is the wish of the Holmes family to continue Karen's legacy through this nursing scholarship. The future of nursing relies on individuals who are compassionate, prepared, and dedicated to the service of others. Our plan is to fund this \$1000.00 scholarship each year through generous donations and fundraisers.

Additional questions to be completed by currently enrolled EHOVE School of Practical Nursing students applying for the Karen E. Holmes Memorial Scholarship. You may use the back of this paper or attach additional sheets if needed.

9.	Why have you chosen to pursue a career in Nursing? (Minimum 200 words)
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10.	What contribution(s) do you see yourself giving to the community as a nurse? (Minimum 200 words)
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11.	Describe the difference between a "good nurse" and an "excellent nurse". (Minimum 100 words)
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Signature of scholarship applicant: _____ Date _____