due April 30th



Par Mar Stores Scholarship Program

2020 Application

APPLICATION FOR SCHOLARSHIP

I. Applicant Data

Full Name			
(Last)	(First)		(Middle
Address	7 9 7 1		480
City	State	Zip	
Home Number			
Age			
II. Parent or Guardian	Information		
-ull Name	A Charles Till	19 0	
(Last)	(First)		(Middle
Address			100
City	State	Zip	
Home Telephone	Work Telephone _		
Graduation Date			
City	State	Zip	
lave you applied for Pell Grant or			
Guidance Counselor Name	Teleph	ione	
Guidance Counselor Name	d.)	none	1
Guidance Counselor Name	d.)	none	
Guidance Counselor Name Transcripts are not required to be submitted. V. Post Secondary Scoolsing official school name(s), name	hool Data e(s) of post-secondary school	l you plan to at	
Guidance Counselor Name Franscripts are not required to be submitted. V. Post Secondary Sc Using official school name(s), name nknown, list in order of preference	hool Data e(s) of post-secondary school the schools to which you ha	ol you plan to at	tend. (If
Fuidance Counselor Name Franscripts are not required to be submitted. V. Post Secondary Sc. Ising official school name(s), name nknown, list in order of preference.	hool Data (s) of post-secondary school the schools to which you ha	ol you plan to at ove applied.)	tend. (If
Guidance Counselor Name Transcripts are not required to be submitted. V. Post Secondary Scalary Scalary official school name(s), name nknown, list in order of preference.	hool Data e(s) of post-secondary school the schools to which you ha City City	ol you plan to at ove applied.)	tend. (If State
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Guidance Counselor Name Franscripts are not required to be submitted. V. Post Secondary Sc Using official school name(s), name riknown, list in order of preference. Currently attending college, what is fajor or course of study Inticipated date of graduation? (Name of the submitted in the s	hool Data e(s) of post-secondary school the schools to which you ha City City S your G.P.A.?	ol you plan to at ove applied.)	tend. (If State
Guidance Counselor Name Franscripts are not required to be submitted. V. Post Secondary Sc Using official school name(s), name nknown, list in order of preference	hool Data e(s) of post-secondary school the schools to which you hat the schools to which you hat city City Signary S	ol you plan to at live applied.)	tend. (If State State

V. Activities, Awards, Honors

in the past four years without pay (e.g. hospital volunteer, library volunteer, Boy/Girl Scouts, Special Olympics). Indicate all honors, all offices held and special awards. Activity # of Years Participated Special Awards/Honors Offices Held VI. Work Experience Year _____ Brief Description of Duties____ VII. Goals and Aspirations Type or write a statement of your life in five years after earning your certificate or degree and how your childhood influenced your statement. Use an additional sheet of paper if necessary. VIII. References List three references with at least one being a teacher at your current school. Name Occupation Address Phone

List all school activities in which you have participated during the past four years (e.g. student government, music, sports, etc.) List all community activities in which you have participated

Applications must be RECEIVED at the corporate office by April 30th. Late applications will not be considered.

Applications may be submitted online via www.parmarstores.com or by mailing the application to:

Par Mar Scholarship Committee 114-A Westview Avenue Marietta, OH 45750

If you have questions, please contact Jeralynne at 740.373.7406 x 3009.