

**The Jack S. Kelley Memorial Scholarship Fund**

This scholarship will benefit students from the following school districts: Ashland City Schools, Crestview Local Schools, Hillsdale Local Schools, Loudonville/Perrysville Schools, and Mapleton Local Schools. The Scholarship will be given to a student whose parent/guardian, immediate family member, or self has had a cancerous condition. The scholarship will be given to a student in need of funds for college. A family member or a chosen representative will award the scholarship. The scholarship will be awarded on a year to year basis. The amount of the scholarship will be a minimum of \$300. Proof of admission must be supplied in order to receive this award. Please include a current high school transcript. All applicants should be submitted to **Brenda Kelley-Metz at 1435 Smith Road, Ashland, Ohio 44805 by May 1, 2023.**

Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Complete Address \_\_\_\_\_

High School \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

College Attending & Major \_\_\_\_\_

Name and Relationship of person with cancerous condition \_\_\_\_\_

Type of Cancer \_\_\_\_\_ Annual Total Household Income \_\_\_\_\_

Organizations & Activities (Include offices held, years of participation, honors, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your career goals, vocational, or academic objectives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write an essay to tell about yourself and how you plan to utilize this scholarship in 200 words or less. (Complete on a separate sheet of paper and attach).

This information on this application is true and accurate.

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