Election Ambassadors Scholarship Fund Through The Defiance Area Foundation 613 West Street St., Defiance, OH. 43512 Phone (419) 782-3130 www.defianceareafoundation.org

Election Ambassadors Scholarship Fund

Rod and Tonya Wichman established this fund to reach voters at an early age and educate them on their opportunities. The goal is to encourage more juniors and seniors to work at the polls, get involved in the election process, and provide a better understanding of election systems. Ultimately, the hope is that these are the future leaders of Defiance County. The applicant will work with the board of elections during the Primary Election of 2022 by helping with set up, being a poll worker or helping election night with returns as well as assist in student voter registration with an already engaged teacher at their high school. The ambassador will also assist the Board of Elections in recruiting student poll workers.

Eligible Applicants / Qualified Persons:

- Junior or Senior from a Public High School in Defiance County
- Must be in good standing at their high school
- Intend to graduate from College with a Bachelor's Degree, Associate's Degree, or from a Vocational or Trade School

Application Information

Applications should be mailed to Tonya Wichman 1690 Woodhurst Dr Defiance OH. 43512. Applications will be accepted with a **postmark no later than March 1, 2022.** The student will make application on the designated form that follows and will provide the following additional information attached to the application:

- A short essay on the importance of Democracy and how the applicant plans to make a difference in their community
- A current resume

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<u>PART I – APPLICANT INFORMATION</u> – print or type

Name:last						
					middle	
Permanent Address:			address			
	city			state	zip	
Date of Birth:			Se	ex: \square M	\Box F	
Home Phone:				Cell Phone:		
College:	Expected College Graduation Date					
College: City, State, Zip:						
PART II – ACTIVITIES	– attach sepa	rate shee	t if necessary	. ·		
	-		e ir necessar y	•		
Work Experience-List your work experience. Employer Start End Hours per Duties						
Employer	date	End date	Hours per week		Duties	
	date	date	WCCK			
Extracurricular Activitie	S					
List all campus activities in		nave parti	cipated durin	ng your year(s	s) in High School (e.g	
clubs, theatre, student gove	ernment, etc.)	·				
Activity	No. of	Letter #	T		onors/Offices held	
	years	of years	3			
Sports Participation						
List the years you have par	ticipated in h	igh schoo	ol sports.			
Sport	No. of		_	ial Awards/Ho	onors/Offices held	
	years	of years	3			

List all community activities in which	you have particip	ated without pay during your year(s) in high school
(e.g. church, volunteer, tutor, etc.).		
Activity	No. of	Special Awards/Honors/Offices held
	years	
PART III – APPLICATION CHECK		
	d provide an <u>expl</u>	anation for any items that will be mailed at a later
date.		
☐ Current cumulative GPA		
П. С		
☐ Current Resume		
☐ Application signed by parents a	and topohor of ohe	nion.
Application signed by parents a	ind teacher of the	nce
☐ You may include a letter of reco	ommendation	
1 ou may merude a retter of reco	Jimiendation	
□ Essay		
•	and community	leadership, any circumstances or factors, which you
	_	you feel would make you a good candidate for the
<u> </u>		are or life goals if know. Attach this information,
typed and double spaced, to your applie	•	to of the gould if this will retain this information,
types and season spaces, to year appr		
I,, he	reby consent, approv	ve, and authorize the Defiance Area Foundation and/or any of
its Applicable Committees, for the sole purpos	e of my being consid	lered for this award, to <u>contact</u> , <u>verify</u> and <u>obtain</u> any and all
		or college identified above. Further, I consent and approve the
		nformation in lieu of an original and that same may be faxed, d consent and/or authorization is granted for the entire year in
which the application or grant of scholarship a		d consent and/or authorization is granted for the entire year in
which the approximation of grant of sententially a	PP.	
By affixing my signature to this applica	ation, I verify tha	t all statements above are true.
	•	
Signature		Date
,,,		
PARENT/GUARDIAN PERMISSIO		
		holarship program and give my consent for my child
		ance County Board of Elections. I understand the
		n within Defiance County or at the board office. I
give my permission for my student to b	e photographed a	at these events.

Community Service

Parent Phone: (____) ___-___

STUDENTS: RETURN COMPLETED BY RECOMMENDING TEACHER

_____(signature)