

**CLAUDE W. HENKLE MEMORIAL RENEWABLE SCHOLARSHIP
APPLICATION FOR EDUCATION MAJORS**

List the academic year for which you are applying: _____

Applicant Name: _____

Home address: _____ City: _____

Parent/guardian name: _____

Home phone: _____ Parent's work phone: _____

Name of college or university you are attending: _____

College address: _____ City: _____

What year of college are you entering: _____

Declared Major: _____ Minor: _____

Grade Point Average this school year*: _____ ***Please attach all college transcripts.***

How have you funded your education thus far and how do you plan to fund it in the future?

College achievements and activities (clubs, honors, awards, etc.)

My signature to this document confirms my commitment to continue my college career in the education field. I understand that if I change my major during the academic year, I must notify the superintendent of Defiance City Schools and refund any scholarship award during that school year.

I also understand that I must re-apply annually for this scholarship if I am eligible.

Student signature: _____

Date: _____

Printed name: _____

Submit to:

Defiance Area Foundation | 613 West Third Street | Defiance, OH 43512

The application is due no later than March 31. The deadline will be strictly adhered to.