Jeff and Paula Sprow Family Scholarship Fund
Through The Defiance Area Foundation

613 West Street St., Defiance, OH. 43512 | (419) 782-3130
DEFIANCEAREAFOUNDATION.ORG

Jeff and Paula Sprow Family Scholarship Fund

The Jeff & Paula Sprow Family Scholarship Fund was established in 2026 with the primary goal of encouraging Registered Nursing education. Paula became a Registered Nurse in 1985 and obtained her BSN four years later. Jeff's career in agriculture has spanned several decades, and he wholeheartedly supported Paula as she completed her MSN/Family Nurse Practitioner certification in 2000. Their two daughters, Carly and Emese, are both employed in health-related careers. The family recognizes the need for professional nurses to enhance our healthcare system.

- **Eligible Applicants:**
    - Senior that is graduating this year from Central Local Schools or Hilltop High School
    - Field of Study: Acceptance and intent to study at an accredited two-year or four-year college pursuing an associate or bachelor's Degree as a registered nurse.
        - If no one qualifies, consideration will be given to the following in order of priority:
            - Pharmacy
            - Speech Therapy
            - Occupational Therapy
            - Physical Therapy
        - Evidence of academic achievement either through G.P.A. 3.0 or above, or a letter from your guidance counselor affirming your perseverance and academic engagement if cumulative GPA is below 3.0.
        - Evidence of strong work ethic and strength of character, such as community service or faith-based activities.
        - Preference will be given to students that demonstrate financial need (essay)
        - This is a $1,000 scholarship and is non-renewable

- Applications should be mailed to Defiance Area Foundation, 613 West Third St., Defiance, OH. 43512. Applications will be accepted with a postmark no later than **March 31**.
- Applications can also be emailed to dani@defianceareafoundation.org by the deadline.

PART I – APPLICANT INFORMATION – (print or type)

Name: _____
last first middle

Permanent Address: _____
street address

_____
city state zip

Date of Birth: _____ Sex: ☐ M ☐ F

Home Phone: _____ Cell Phone: _____

College: _____Expected College Graduation Date: _____

College: City, State, Zip: _____

College Acceptance Letter Received (date)_____Field of Study:_____

PART II – ACTIVITIES – attach separate sheet if necessary.

Work Experience-List your work experience.

Employer	Start date	End date	Hours per week	Duties

Extracurricular Activities

List all activities in which you have participated during your year(s) in High School (e.g. music, clubs, theatre, student government, etc.).

Activity	No. of years	Letter # of years	Special Awards/Honors/Offices held

Sports Participation

List the years you have participated in high school sports.

Sport	No. of years	Letter # of years	Special Awards/Honors/Offices held

Community Service
List all community activities in which you have participated without pay during your year(s) in high school (e.g. faith-based, church, volunteer, tutor, etc.).

Activity	No. of years	Special Awards/Honors/Offices held

PART III – APPLICATION CHECKLIST

Check the items you have included and provide an **explanation** for any items that will be mailed at a later date.

- ☐ Current cumulative GPA _____
- ☐ School Fee Sheet
- ☐ Financial Aid Award letter attached
- ☐ Financial Aid Summary (Indicating financial need)
- ☐ Current annual cost of college tuition, room and board for a full-time student $_____

Essay – Explain any circumstances or factors, which you feel warrant special attention, including family history, unusual personal, family or financial circumstances or challenges. Additionally, please discuss why you chose the field of education and also include any future or life goals if known. Attach this information, typed and double spaced, to your application.

I, _____, hereby consent, approve, and authorize the Defiance Area Foundation and/or any of its Applicable Committees, for the sole purpose of my being considered for this award, to contact, verify and obtain any and all academic and/or financial records from any high school, university or college identified above. Further, I consent and approve the use of a copy of this application for the purpose of obtaining such information in lieu of an original and that same may be faxed, mailed, or e-mailed to any such institution so identified above. Said consent and/or authorization is granted for the entire year in which the application or grant of scholarship applies.

By affixing my signature to this application, I verify that all statements above are true.

Signature_____ Date _____