

**Point Place Business Association Community Foundation
APPLICATION FOR SCHOLARSHIP**

You must be a senior in High School, live in the 43611 zip code, and not be related to a member of the Point Place Business Association

Name: _____

Parents/Guardians Name(s): _____

Address: _____

City/State/Zip Code: _____

Home/Parent's Phone Number: _____

Student's Cell Number: _____

Student's email: _____

High School: _____

Institution you plan to attend: _____

Major: _____

******Completed application form, along with high school transcript, letter of intent and 3 letters of recommendation must be sent together and received by February 28, 2025.******

Mail packet to:
**PPBA Community Foundation
PO Box 5074
Toledo, OH 43611**

or

Drop packet off at:
**Point Place Branch Library
2727 117th St.
Toledo, OH 43611**

Scholarships will be awarded in April of 2025.
All applicants will be notified by email of winners.

~ Bottom portion for Scholarship Committee use only ~

Applicant Number: _____

Date Packet Received: _____

Date Transcript Received: _____

Items Received: __ Application form __ Transcript __ Letter of Intent __ Parent Letter of Recommendation
__ 2 Letters of Recommendation from other adults