

**Joyce Hovest Cancer Survivor
Scholarship Fund Application**

1. Name _____ Date _____
Address _____ Phone _____
2. Social Security # _____ Age _____
3. High School _____
4. Year of Graduation _____
5. Are you registered and accepted as a full-time student in an accredited college or university? _____
Please name the college if you answered yes above _____
6. Type of Cancer _____
Date Diagnosed _____ Physician _____
7. Parents Name _____ Phone _____
Parents Address _____

Eligibility Qualifications

1. Graduating Senior from one of the Putnam County High Schools
2. Personally survived some form of Cancer
3. Must be registered and accepted as a full-time student

Student Signature _____

Parent Signature _____

Due Date: May 1

Application should be mailed to or delivered to the superintendent's office at the Kalida Local Schools.

**Superintendent's Office
Kalida Local Schools
P.O. Box 269
Kalida, OH 45853**