

**John Young Memorial Scholarship Application
Ogemaw Community Thrift Store**

Criteria: Must have performed community service.

Full Name: _____ Birthdate: _____

Home Address: _____

Parents Names: _____

College Planning to Attend: _____

Program of Study Planned: _____

Last Four Digits of SS# _____ Grade Point Average: _____

Community Service – May attach additional information if needed.

School Activities

Work Experience

Briefly State Your Plans

Signature _____ Dated: _____

Please return to the OHHS office by March 1, 2021