Ticket to Dream Scholarship ® **Application**Print Legibly

First Name	Last Name
Home Address	
City	State OH Zip
e-mail	phone # ()
Ohio County of Residence _	
High School Conferring your	Diploma
Single Custodial Parent Name	
Application Personal Cover Letter Letter of Recommend Letter of Recommend	equired Documents to submit with Application : brief, general introductory portrait of applicant dation from applicant's Single Parent dation from Clergy, Coach, Employer, Teacher or Friend Dream? - share the vision, hopes, goal, motivation
Signature	Date

All personal information collected through application process is strictly confidential. We absolutely do not share your information