

NORTHEAST OHIO CHAPTER AGO SCHOLARSHIP APPLICATION

*Please email completed application to Tom Curry, Scholarship Chair, at tomcurry1@hotmail.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Which scholarship are you applying for? (Descriptions are available on neohioago.org)

_____ The Robert Quade and Karel Paukert Scholarship

_____ The Karen Holtkamp Memorial Professional Development Fund

Where is your institution of study or work?

Please describe your funding request:

Signature: _____ Date: _____

For Office Use

Application received on: _____

Funding granted: Y or N Amount: _____

Applicant notified on: _____

Notes: